S. HRG. 100-841

NURSE EDUCATION REAUTHORIZATION ACT OF 1988

HEARING

BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

SECOND SESSION

ON

S. 2231

TO AMEND THE PUBLIC HEALTH SERVICE ACT TO REAUTHORIZE NURSE EDUCATION PROGRAMS ESTABLISHED UNDER TITLE VIII OF SUCH ACT, AND FOR OTHER PURPOSES

APRIL 14, 1988

Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE

89-339 WASHINGTON : 1988

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

S541-10

COMMITTEE ON LABOR AND HUMAN RESOURCES

EDWARD M. KENNEDY, Massachusetts, *Chairman*

CLAIBORNE PELL, Rhode Island
HOWARD M. METZENBAUM, Ohio
SPARK M. MATSUNAGA, Hawaii
CHRISTOPHER J. DODD, Connecticut
PAUL SIMON, Illinois
TOM HARKIN, Iowa
BROCK ADAMS, Washington
BARBARA A. MIKULSKI, Maryland

ORRIN G. HATCH, Utah
ROBERT T. STAFFORD, Vermont
DAN QUAYLE, Indiana
STROM THURMOND, South Carolina
LOWELL P. WEICKER, JR., Connecticut
THAD COCHRAN, Mississippi
GORDON J. HUMPHREY, New Hampshire

THOMAS M. ROLLINS, *Staff Director and Chief Counsel*
KEVIN S. MCGUINESS, *Minority Staff Director and Chief Counsel*

CONTENTS

STATEMENTS

THURSDAY, APRIL 14, 1988

	Page
Assembly of Hospital Schools of Nursing, prepared statement	147
Benda, Evelyn, R.N., Ph.D., candidate, COE College, prepared statement	75
Clothier, Donna, R.N., C., prepared statement	80
Felton, Geraldene, R.N., ED.D., FAAN, dean, College of Nursing, University of Iowa, Iowa City, IA; and Ellen Strachota, MSN, R.N., head of division of nursing, Grand View College, Des Moines, IA	47
Prepared statements of:	
Dr. Felton	50
Ms. Strachota	65
Hope, Gloria S., R.N., director, division of government affairs, American Nurses Association, Kansas City, MO; Jan Towers, R.N., CRNP, program coordinator and clinician, Adams County Migrant Health Program, Biggleville, PA; Barbara Ott, RN., CCRN, American Association of Critical Care Nurses, Washington, DC; and Judith Miller, R.N., senior vice president for nursing, New England Deaconess Hospital, Boston, MA, on behalf of the American Organization of Nurse Executives	86
Prepared statements of:	
Dr. Hope	89
Dr. Towers	103
Dr. Ott	112
Ms. Miller	130
Nielson, Sonja, student nurse, University of Utah College of Nursing, Salt Lake City, UT; and Robert C. Gross, legal counsel, First Interstate Bank, Salt Lake City, UT	30
Prepared statements of:	
Ms. Nielson	32
Mr. Gross	36
Schadle, Jane, R.N., BSN, MSHA, prepared statement	78
Scherrman, Pearl, R.N., B.S.N., Western Dubuque High School, Epworth, IA, prepared statement	75
Sundwall, David, M.D., Administrator, Health Resources and Services Administration, Rockville, MD, accompanied by Dr. Jarrett Clinton, Director, Bureau of Health Professions; and Jo Eleanor Elliott, Director, Division of Nursing	2
Prepared statement of Dr. Sundwall	6

ADDITIONAL MATERIAL

Communications to:	
Kennedy, Hon. Edward M., Chairman, Senate Labor and Human Resources Committee, from:	
Mary Kay Foley, R.N., M.S., clinical nurse specialist, pediatric oncology, Wylaer Children's Hospital, Chicago, IL	142
Georgina Bru, R.N., M.A., CNA, president, Association of Pediatric Oncology Nurses	144
Joan K. Hunt, R.N., M.A., pediatric nursing coordinator, Georgetown University Hospital, Washington, DC	146

NURSE EDUCATION REAUTHORIZATION ACT OF 1988

THURSDAY, APRIL 14, 1988

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 10 a.m., in room SD-430, Dirksen Senate Office Building, Senator Tom Harkin presiding.

Present: Senators Harkin, Thurmond, and Hatch.

OPENING STATEMENT OF SENATOR HARKIN

Senator HARKIN. The Committee on Labor and Human Resources will come to order.

I am pleased to chair this hearing on S. 2231, the Nurse Education Reauthorization Act of 1988. For the past several years, the nurse training authority under title VIII of the Public Health Service Act has provided two sources of funding to facilitate the training of highly qualified nurses, institutional support for nursing schools and financial assistance for nursing students. As a result, title VIII has served the important role of increasing opportunities for nurses to obtain undergraduate training and advanced degrees to become nurse administrators, nurse practitioners and midwives and clinical nurse specialists.

Despite the long history of support, though, our Nation suffers yet another shortage of nurses. Enrollment in nursing schools has declined significantly over the past few years, as young women have expanded their career choices into medicine, business and law. Salaries for nurses at all levels are inadequate, not having kept pace with inflation or increased to match the level of responsibility of nurses in various clinical settings.

Nurses have yet to receive the respect and gain the appropriate involvement in the health care team consistent with their training and critical importance. And with the increase in severity of illness among hospital patients, the nursing profession is faced with the growing rates of burnout.

The growth in the number of elderly patients and those with AIDS has exacerbated this problem. Almost weekly, I hear from hospitals in my own State of Iowa about threatened closure of beds in in-patient units because of the shortage of nurses. I will have more to say about that in a few minutes.

In considering the reauthorization of title VIII, we in the Senate and House are faced with the dilemma of how we can best address

the problem of the nursing shortage. Clearly, hospitals must address the problems of inadequate salaries, lack of involvement of the health care team and burnout.

Well, what is the appropriate role of the Federal Government, especially during these times of tremendous budget difficulties, deficits, and limited growth in the Federal budget?

I look forward to hearing ideas and suggestions today on these matters from our witnesses. I hope all of you will continue to work with us on S. 2231, to see this bill passed by the Senate and House and signed into law.

First, I would just say that everyone's testimony will be submitted in full in the record. Because of some time constraints and some votes that are taking place this morning on the Senate floor, I would like to ask people to limit your testimony to no more than 5 to 7 minutes. We will have lights indicate the timing. Any other written testimony or materials can be included later. The record will remain open for 48 hours after the hearing to include such extraneous matter. And we will entertain some questions after each presentation.

On our first panel this morning we have Dr. David Sundwall, Administrator of the Health Resources and Services Administration, Rockville, Maryland. Dr. Sundwall, welcome to the Committee. If you would, for the record, please introduce those whom you have with you.

STATEMENT OF DAVID SUNDWALL, M.D., ADMINISTRATOR, HEALTH RESOURCES AND SERVICES ADMINISTRATION, ROCKVILLE, MD; ACCOMPANIED BY DR. JARRETT CLINTON, DIRECTOR, BUREAU OF HEALTH PROFESSIONS; AND JO ELEANOR ELLIOTT, DIRECTOR, DIVISION OF NURSING

Dr. SUNDWALL. Thank you very much, sir. I am delighted to be here today to appear before the Labor and Human Resources Committee regarding the Nurse Education Act and title VIII reauthorization.

I have with me Dr. Jarrett Clinton, on my right, who is the new Director of Bureau of Health Professions, and also Ms. Jo Eleanor Elliott on my left, who is the Director of the Bureau's Division of Nursing.

I have a complete statement which I would appreciate being submitted for the record. I think it is informative and gives a broad overview of what we are doing on the nurse shortage issue in the government and elsewhere throughout the country, but I would like to just submit a summary statement now for your consideration.

Senator HARKIN. I would appreciate that. Please proceed.

Dr. SUNDWALL. I would like to describe our view of the Nation's supply of nursing personnel, with particular attention to efforts being made by the Health Resources and Services Administration to enhance understanding of the situation, and I will also describe the administration's proposal for legislative authorities that would permit the Federal Government to provide leadership and assistance on a flexible basis to resolve particular nursing shortage personnel issues.

Projections of nursing supply and requirements are a function of interrelated conditions and circumstances that are commonly described in terms of supply and demand. The supply side of the equation considers factors that will affect the number of nurses available for practice in any given year, such as the expected number of new graduates from U.S. nursing programs, the proportion of registered nurses likely to engage in full-time or part-time work in that year, and expected rates of death or disability of nurses.

The demand side of the equation considers the multiple forces that will determine demand for nurses in each of many types of settings in which nurses are currently employed. Examples include the expected growth of the elderly population, new health care problems such as AIDS, changes in health care financing that may continue to result in the clustering of severely ill patients in the hospital setting, where patient requirements in nursing homes and home health agencies, the development of new types of organizations to provide ambulatory care and others, all of these result in an increased demand for nursing services.

In recent years, the Department of Health and Human Services has developed an ability to estimate the supply and requirements of nurses taken as a whole throughout the country, and those estimates indicate that the country would not be seriously out of balance through the year 2010. Nonetheless, in spite of our estimates, imbalances in supply and demand in particular geographic regions, specialty areas and health care institutions do exist and may continue into the future.

The Department expects that the Nation's overall supply of registered nurses who are employed in nursing will continue to increase until about the year 2010, whether measured in absolute numbers or expressed as full-time equivalent numbers or numbers in relation to population. The increase is projected even though the number of graduates from nursing schools is expected to fall substantially during this period. This growth is portrayed by the black line on the chart I brought along with me, and which you can see over here on the easel.

The black line on top indicates the projected increase in the number of nurses available for employment. This will also be provided for the record, sir.

Despite recent declines, the number of individuals graduating from nursing programs today is significantly higher than it was 20 or 25 years ago. In 1970 to 1971, for example, the number of graduations from registered nursing programs was just over 46,000. Although there has been a drop of about 5,000 from the peak of 82,000 graduates in 1985, graduations still number about 77,000 in 1986, the most recent year for which comprehensive data are available. This is illustrated in this other chart that I have brought with me.

Mr. Chairman, at the same time that our data shows that the total number of nurses will continue increasing through about the year 2010, there are many reports of difficulties being experienced in the recruitment of nurses to perform needed services. Thus, while the supply of nurses has grown steadily over the years and

continues to grow, there have been significant shifts in the demand for nurses.

On January 22 of this year, Secretary Bowen announced the establishment of a Commission on Nursing to advise the Secretary and to develop recommendations on how private and public sectors can work together to address problems regarding the supply of active registered nurses. As one of its functions, the Commission will develop a multi-year action plan, implementing private-public commitment for resolving issues related to recruitment and retention of nurses.

Pending completion of the reports of the Commission, the Health Resources and Services Administration has taken additional steps to elucidate the nursing supply situation. For example, we have cosponsored an invitational conference on nursing Resources and the delivery of patient care and shortage issues related to nursing education and practice.

The Sixth Report to the President and Congress on the status of professional personnel will describe the latest information available on nursing supply and nursing education, including a description in some detail on each of the models employment by the Department in projecting the supply requirements of nurses through 2010.

And third, in cooperation with the National Institutes of Health's National Center for Nursing Research, HRSA expects later this month to invite applicants for projects that will study the implementation of innovative nursing practice models in hospitals, including factors affecting recruitment and retention.

We eagerly await the guidance from the Secretary's Commission on how best the Federal Government can contribute to resolution of the nursing personnel issues and improved understanding of the relationship between the supply of nurses and the demand for nursing services.

Mr. Chairman, let me just spend a minute and talk about the issue of reauthorization of title VIII of the Public Health Service Act. Under title VIII, nursing education programs, the total Federal investment since its inception in the mid-sixties has been $1.9 billion. Just since 1976, the Government has invested over $1 billion in nursing education programs.

In the belief that nursing personnel issues should be addressed together with issues relating to health professions supply and requirements generally, the administration is proposing that the existing categorical project authorities for titles VII and VIII of the Public Health Service Act be replaced with a single comprehensive authority of grants and contracts or cooperative agreements with States or other entities for projects to meet high-priority health personnel needs.

The philosophy behind the Department's proposed health cooperative health professions initiative is that the Federal Government can best utilize funds to accomplish national health personnel priorities under a flexible authority that allows adaptation to changing needs, both over time and among different programs in any given year.

Flexibility is needed to give the maximum discretion to States dealing with emerging health care issues, adjust to new develop-

ments in curriculum, and avoid the need for a lot of technical amendments or overly rigid legislative authorities.

With this proposed broad authority, special areas of emphasis in the field of nursing can be promoted, such as providing assistance to disadvantaged nursing students, enhancing their training opportunities in rural or otherwise underserved areas, strengthening geriatric training, and increasing nurse specialty training.

The authority would provide a framework for the kind of broad-based multifaceted activities required to improve the supply of nurses.

In addition, I want to point out that, in spite of proposing a new cooperative initiative for replacement of title VII and VIII, we do not propose eliminating in any way the nursing student loan authority of title VIII, which allows amounts repaid by former borrowers or otherwise unavailable under a program to make new low-interest loans to nursing students of exceptional financial need.

We would also like to point out that nursing students are eligible for a variety of federally subsidized student assistance under the student loan programs of the Department of Education.

In conclusion, I appreciate the opportunity to meet with you during this session of Congress, when most of the existing health profession and nurse authority acts are up for reconsideration and reauthorization.

I look forward to working together to integrate these new authorities in the way that will allow the Federal Government to have a constructive role in dealing with nursing personnel and other health profession problems.

Thank you, sir.

[The prepared statement of Dr. Sundwall follows:]

STATEMENT BY

DAVID N. SUNDWALL, M.D.

ADMINISTRATOR

HEALTH RESOURCES AND SERVICES ADMINISTRATION

BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

APRIL 14, 1988

Mr. Chairman and Members of the Committee:

I am pleased to appear before you today to discuss issues relating to the reauthorization of the nurse education authorities in Title VIII of the Public Health Service (PHS) Act. I am accompanied by Dr. Jarrett Clinton, who recently became the director of the Bureau of Health Professions of our Agency, and by Ms. Jo Eleanor Elliott, the director of the Bureau's Division of Nursing.

In my statement, I will speak briefly about our view of the situation with respect to the Nation's supply of nursing personnel, with particular attention to efforts being made by the Health Resources and Services Administration and the Department to clarify the need for nursing services. I will also discuss the Administration's proposal for legislative authorities that would permit the Federal Government in fiscal year 1989 and beyond to provide leadership and assistance on a flexible basis to resolve particular nursing personnel issues.

Mr. Chairman, as you know, projections of nursing supply and requirements are a function of many interrelated conditions and circumstances. Manpower resource issues are commonly described in terms of a supply and demand equation, which ideally should be in balance. On the supply side of the equation, we must take into account the various factors that will affect the number of nurses available for practice in any given year. These factors include, in particular, the expected number of new graduates from U.S. nursing

programs, the proportion of the registered nurses likely to engage in full-time or part-time work in the year, and expected rates of death and disability of nurses. The number of foreign-trained nurses entering the United States also will affect supply.

On the requirements side of the equation, we must consider the multiple factors that will determine demand for nurses in each of many types of settings in which nurses are employed: hospitals, nursing homes, ambulatory care units, physicians' offices, home care, schools, health departments, industry, and quality and utilization review, among others. Examples of such factors include the expected growth in the elderly population, new health care problems such as AIDS, changes in health care financing that may continue to result in a clustering of severely ill patients in hospitals, more patient care requirements in nursing homes and home health agencies, and the development of new types of organizations to provide ambulatory care, among others. Because of the recent rapid changes in the health care system, it is difficult to make precise predictions about what the demand for nursing services will be in the future.

In recent years, the Department of Health and Human Services has developed estimates indicating that the supply of and requirements for registered nurses taken as a whole throughout the country would not be seriously out of balance through about the year 2010, although imbalances in supply and demand in particular geographic and specialty areas and in particular types of health care institutions exist and may continue into the future.

The Department's projections have been based on a set of assumptions about future supply as well as on two types of estimates of future requirements--one projecting historical trends in demand and the other reflecting the judgment of a panel of non-Federal health care experts (which included nurse leaders in hospitals and nursing homes) on the appropriate use of nursing resources to accomplish projected health care goals.

The Department expects that the Nation's overall supply of registered nurses who are employed in nursing will continue to increase until about the year 2010, whether measured in absolute numbers or expressed as full-time equivalent numbers or numbers in relation to population. The increase is projected even though the number of new graduates from nursing programs is expected to fall substantially during this period, from about 77,000 in 1986 to perhaps as few as around 56,000 in 2010. This growth is portrayed in Figure 1.

I might say a word about the phenomenon of how overall supply can be increasing in the face of a declining number of graduates. Briefly, during this period, the overall number of individuals entering the nursing profession in a year is expected to continue exceeding the overall number leaving the profession in that year. The main contributing elements are past increases in the number of nursing graduates and a high level of workforce participation by all registered nurses. For the next decade at least, because of the age level of the nurse population, a relatively low number of deaths and retirements from the nursing profession is anticipated.

Despite recent declines, the number of individuals graduating from nursing programs today is significantly higher than it was 20 or 25 years ago. In 1970-71, for example, the number of graduations from registered nurse training programs was just over 46,000. Although there has been a drop of about 5,000 from the peak of 82,000 graduates in 1985, graduations still numbered about 77,000 in 1986, the most recent year for which comprehensive data are available. Thus, the number of graduates in 1986 still was about two-thirds more than the number of graduates per year in the early 1970's. This is illustrated by Figure 2.

An increase in workforce participation by licensed professional nurses has been documented in nursing sample surveys. Our data show that 79 percent of registered nurses are employed in nursing. Some further increases in workforce participation are expected, consistent with a general increase in workforce participation by women.

The numbers of individuals leaving the profession because of death and retirement in the short term will be relatively low as a proportion of total nursing supply, mainly because of the large number of individuals entering the profession in recent years.

Mr. Chairman, at the same time that our data show that the total number of nurses will continue increasing through about the year 2010, there are many reports of difficulties being experienced in the recruitment of nurses to perform needed services. Thus, while the supply of nurses has grown steadily over the years and continues to grow, there have been significant shifts in the demand for nurses.

Certain hospitals have been unable to recruit the numbers of nurses they need to care for the seriously ill patients who now constitute the bulk of the persons served by such institutions. An American Hospital Association survey of hospitals in December 1987 showed that the average vacancy rate for registered nurse full-time equivalent positions was about 11 percent. Hospital size was a factor; the larger hospitals reported higher percentages of their positions as vacant.

A need for nurses is also being reported by many nursing homes and other extended care facilities. As another example of the imbalance between supply and demand, the number of nurses prepared in graduate programs continues to fall short of the number of individuals needed to perform specialized services.

Various studies, commissions, and forums on nursing over the past decade have sought to identify causes of nursing supply imbalances. Clearly, there are many uncertainties about the extent of the Nation's nursing needs and how best those needs might be met by the Federal Government in cooperation with State and local governments, educational institutions, health care facilities, the professions, and other entities and groups.

Last September, the Secretary held an Invitational Workshop on Nursing to review the current status of nursing practice and education and to discuss problems, issues, and potential solutions. The Secretary noted that "many hospitals today are reporting shortages in their registered nurse staffs. We are listening to them and not discounting their claim." He also pointed out that the aggregate supply of active registered nurses today is about twice

what it was in the early 1970's. The Secretary urged participants to develop a "collegial approach" to the situation. Leaders of several nursing organizations and health care institutions presented papers on acute care, extended care, and home care.

In response to one of the recommendations of the September conference, the Secretary announced on January 22 of this year the establishment of a Commission on Nursing to advise the Secretary and to develop recommendations as to how private and public sectors can work together to address problems and implement immediate and long-range solutions regarding the supply of active registered nurses. The Commission was asked also to consider recruitment and retention of nurses for Federal departments and agencies (Public Health Service, Veterans Administration, and Department of Defense).

The Commission, chaired by Carolyne K. Davis, R.N., Ph.D., the former administrator of the Health Care Financing Administration, has been meeting monthly in Washington and has held field hearings in Chicago, San Francisco, and New Orleans. The Commission is addressing reports of nurse shortages and identifying the practices of health care facilities which successfully recruit and retain full nursing staffs. As one of its functions, the Commission will develop a multi-year action plan implementing a private/public commitment for resolving issues relative to recruitment and retention.

Pending completion of the interim and final reports of the Commission in May and December of this year, respectively, the Health Resources and Services Administration has taken other steps to elucidate the nurse shortage issue.

In February, HRSA's Division of Nursing co-sponsored with NIH's National Center for Nursing Research two invitational conferences, one a state-of-the-science conference on nursing resources and the delivery of patient care, and the other, a national workshop to develop strategies and recommendations on shortage issues related to nursing education and practice.

The Sixth Report to the President and the Congress on the Requirements, Supply, and Distribution of Nurses (a part of the Department's biennial report on the status of health professions personnel in the United States) is in final review in the Department. This report will describe the latest information available on nursing supply and nursing education, including a description in some detail of each of the models employed by the Department in projecting nurse supply and requirements through the year 2020.

HRSA recently awarded a contract to undertake the 1988 Sample Survey of Registered Nurses, the latest in a series of surveys providing data on the supply and distribution of nurses. At the request of the Secretary's Nursing Commission, inquiry was made regarding the possible shortening of the time frame for this survey. However, even with additional funding, it would not have been possible to complete the survey to provide data to the Commission in time for inclusion in its final report. Survey data will be available early in 1989.

In cooperation with the National Institutes of Health's National Center for Nursing Research, HRSA's Division of Nursing expects later this month to invite cooperative agreement applications for research and demonstration

projects that will study the implementation of innovative nursing practice models in hospitals which will include factors affecting recruitment and retention. We anticipate that experts in hospital nursing practice, research, and administration, hospital administrators, trustees and other significant persons will collaborate in the development, implementation, and study of the models. We expect that one or more projects will be funded in FY 1988.

Elsewhere in the Department, the Health Care Financing Administration has asked the Project HOPE research center to conduct an examination of the interaction between Medicare payments and nurse employment and nursing wages. The final report on this study will present recommendations for additional research needed to clarify the interactions; it is planned for completion by the end of this summer.

We eagerly await advice and guidance from the Secretary's Nursing Commission on how best the Federal Government can contribute to the resolution of nursing personnel issues and to an improved understanding of the relationship between the supply of nurses and the currently reported demand for nursing services. We believe that the Federal Government has a role to play in ensuring an adequate supply of well-prepared nurses appropriate for the health care settings in which the patient is served and the position of responsbility the nurse holds in our sophisticated health care system. The question is: What form should the Federal action take? We expect the Secretary's Commission, with its emphasis on development of a joint public/private strategy, to provide valuable direction for the Government's next steps.

Mr. Chairman, this brings me to the issue of how best to extend and amend existing legislative authorities in Title VIII of the PHS Act for Federal initiatives in relation to needs for nursing personnel. Under Title VIII nurse education programs, the total Federal investment from the mid-1960's (following enactment of the Nurse Training Act of 1964) through fiscal year 1987 has been over $1.9 billion. Since 1976, the investment has been over $1.0 billion.

With most of HRSA's health professions and nurse education authorities in Titles VII and VIII of the PHS Act scheduled to expire at the end of FY 1988, we have given a great deal of thought to alternative ways of authorizing Federal health professions activities so as most effectively to encourage cooperation among Federal and non-Federal agencies and organizations in the resolution of issues and the approach to emerging challenges in this field.

In the belief that nursing personnel issues should be addressed together with issues relating to health professions supply and requirements generally, the Administration is proposing that the existing series of specific categorical health professions project authorities in Titles VII and VIII of the Public Health Service Act be replaced with a single comprehensive authority for grants to, or contracts or cooperative agreements with, States and public or private entities, or combinations thereof, for projects to meet high priority health personnel needs.

The existing categorical authorities have been created over the years in an effort to respond to needs for particular kinds of health professionals to

provide particular kinds of health services to particular groups of people in need of those services. As progress has been made in meeting health personnel needs, however, these multiple special-purpose programs have tended in recent years to constrain our ability to use limited resources available for health professions initiatives in the areas of greatest need.

The philosophy behind the Department's proposed Cooperative Health Professions Initiatives authority is that the Federal Government can best utilize funds to accomplish national priority health personnel objectives under a flexible authority that allows adaptation to changing needs, both over time and among different programs in any given year. Flexibility is needed to:

- o give maximum discretion to States or other non-Federal entities to tailor initiatives to address their particular needs;
- o deal with emerging health care issues, such as new diseases or new supply misallocations;
- o take account of variations in the availability of non-Federal resources by geographic area or type of training;
- o accommodate changes in related Federal programs;
- o adjust to new developments in curriculum emphasis; and
- o avoid the need for "technical amendments" in overly rigid legislative authorities.

Within the proposed broad authority, special areas of emphasis in the field of nursing can be promoted, such as providing assistance to disadvantaged nursing students, enhancing nurse training opportunities in rural or otherwise underserved areas, strengthening geriatric training of nurses, and increasing the training of needed nurse specialists, among others.

The new Cooperative Initiatives program would provide the flexibility needed to encourage States and public and nonprofit entities to enter into cooperative arrangements to address health professions issues and to contribute their own funds to the solution of these problems. Consistent with the accomplishment of national goals, grantees supported under this authority would be expected to conduct activities designed to meet particular State, local, or regional needs. The authority could provide a flexible framework for the kind of broad-based multifaceted education and training activities required to improve the supply of nurses for the Nation.

Mr. Chairman, in addition to proposing enactment of the Cooperative Initiatives authority for nursing and other health professions special project activities, the Administration would continue to allow nursing school loan programs established under the Nursing Student Loan authority of Title VIII of the PHS Act to use amounts repaid by former borrowers or otherwise available under the program to make loans at low interest rates to nursing students of exceptional financial need. In fiscal year 1989, it is estimated that approximately 25,000 students will receive loans totaling $25 million from these revolving funds.

12.

When the Nursing Student Loan authority was extended in 1985, a new provision was added to provide that excess funds which are returned to the Secretary in any fiscal year shall be redistributed in that fiscal year and the succeeding fiscal year to eligible schools who request funds. Priority for funding is given to nursing schools that established loan programs after September 30, 1975. Included in the total of $25 million estimated to be available for nursing student loans in fiscal year 1989 (referred to above) is a portion of the $18 million that is expected to be available for redistribution to school loan funds in that year under this new authority.

Amounts of excess funds returned to the Secretary and available for redistribution in recent years have been relatively large, primarily because a substantial number of school programs have been terminated or have voluntarily withdrawn from the Nursing Student Loan program as a result of the application by the Department of new, more stringent loan collection requirements for those programs.

We would note that many nursing students are also eligible for various types of Federally subsidized student assistance (Pell Grants, Perkins Loans, and Guaranteed Student Loans, among others) under general student assistance programs of the Department of Education.

In conclusion, Mr. Chairman, I appreciate the opportunity to meet with you during a session of the Congress when most of the existing health professions and nurse training authorities in both Title VII and Title VIII of the PHS Act are under consideration for renewal or amendment. I hope that we will be able to work together in an effort to integrate these authorities in a way that will allow the Federal Government to continue a constructive role in assisting to resolve major public issues in this field.

I would be happy to answer any questions.

Figure 1

PROJECTED GRADUATIONS AND ACTIVE SUPPLY, 1987-2010

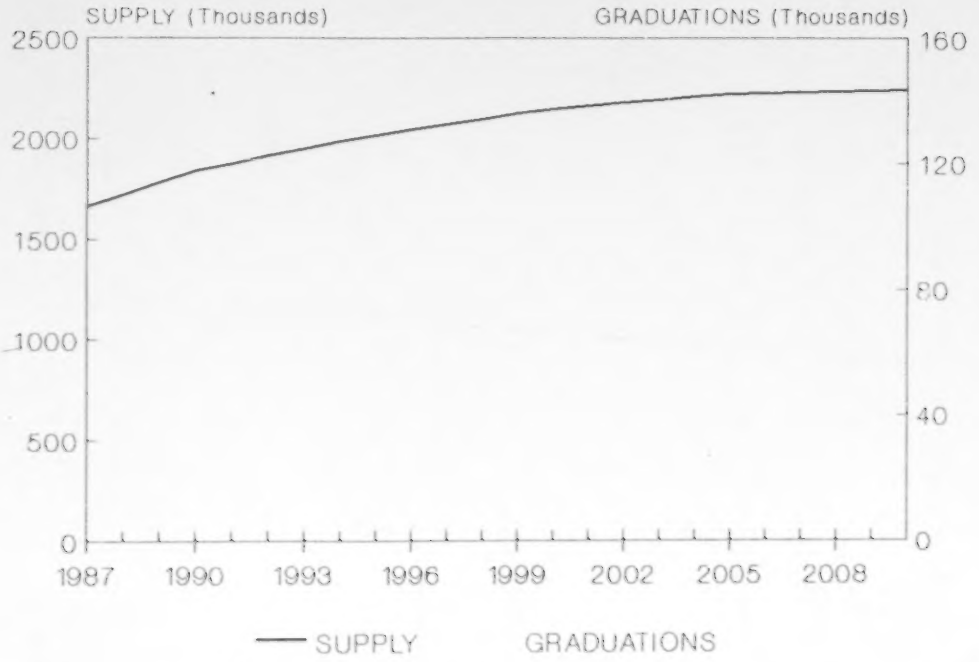
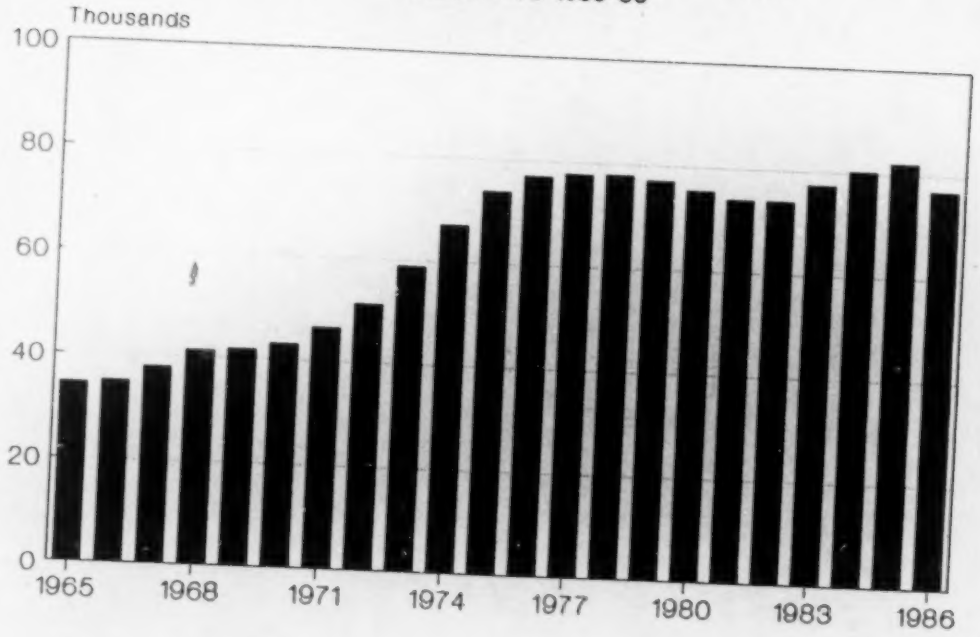


Figure 2

GRADUATIONS FROM BASIC NURSING
EDUCATIONAL PROGRAMS, ACADEMIC YEARS
1964-65 TO 1985-86



Source National League for Nursing

Senator HARKIN. Thank you very much, Dr. Sundwall.

Our distinguished colleague, Senator Thurmond, has joined us. Senator Thurmond, I will recognize you for an opening statement, if you wish.

OPENING STATEMENT OF SENATOR THURMOND

Senator THURMOND. Thank you very much.

Mr. Chairman, I wish to commend you for conducting this hearing on nursing education. It is most important that Congress address the crisis that exists in the field of nursing today.

Mr. Chairman, recent statistics released by the Department of Health and Human Services project that approximately 1,743,000 more nurses will be needed in the health care professions by the year 2000. However, our Nation is faced with a situation in which there are not enough nurses to meet the demand in 1988.

S. 2231, the Nurse Education Reauthorization Act of 1988, would increase funding and expand the scope of programs operating under title VIII of the Public Service Act. This measure provides for an authorization of $94 million in fiscal year 1989, which allows $38 million more than was allotted for title VIII programs in fiscal year 1988.

Under this Act, provisions are included for special project grants and contracts, which are designed to encourage faculty development in schools of nursing, as well as to promote preventive and occupational health care. It also allows for skills upgrading for licensed vocational or practical nurses, nursing assistants, and other paraprofessional nursing personnel. Priority will be given to rapid transition programs which enable the attainment of undergraduate degrees.

Additionally, provisions allow for the development of curricula for the achievement of baccalaureate degrees by registered nurses who are graduates of non-degree granting institutions, as well as enabling those individuals with baccalaureate or masters degrees in other disciplines to increase their knowledge in this area.

This aid will serve to advance the training of those in the nursing profession and provide the opportunity to enter more specialized fields of the health care sector.

S. 2231 emphasizes training through nurse practitioner and nurse midwife programs, along with nursing shortage relief programs. Grants would be authorized for a long-term care nursing practice demonstration and for nurse recruitment centers. Financial assistance is proposed to be made available for traineeships for the advanced education of professional nurses, and traineeships and scholarships for the undergraduate education of professional nurses, in addition to grants for nurse anesthetists.

Mr. Chairman, the serious shortage of nurses and decreasing enrollments in the nursing schools of our Nation demand immediate attention. I am pleased that you are addressing this important issue. While my schedule will not permit me to stay for the entire hearing, I look forward to reviewing the testimony presented here today.

I want to thank these witnesses who are appearing on behalf of this matter. I think you render a great service to this country. We

have a shortage of nurses at every turn. There is a shortage today in the government, in defense installations, the Army, Navy and Air Force, all of them have a shortage, civilian hospitals have a shortage, and private nursing has a shortage. I think we have to take some steps to relieve this situation, and I thank you all for coming here today.

Dr. SUNDWALL. Thank you, sir.

Senator HARKIN. Thank you, Senator Thurmond.

Welcome, Senator Hatch.

Senator HATCH. Thank you, Senator Harkin.

Senator HARKIN. If you have an opening statement—Dr. Sundwall has finished his opening remarks. Go ahead.

OPENING STATEMENT OF SENATOR HATCH

Senator HATCH. I am happy to welcome you, Dr. Sundwall, to the Committee and your associates. It is wonderful to have you back. We appreciated all the work that you did when you were here. In fact, I think probably more of a health agenda was passed under your leadership of the Committee on Health than has been passed in many, many years, and we appreciate the work that you are doing at HRSA.

Dr. SUNDWALL. Thank you, Senator. I will just have to interject here, Senator Harkin, with all due respect, if I refer to Senator Hatch as Chairman, please forgive me. For about five years we worked together, so it was his leadership.

Senator HATCH. This hearing is extremely important to me because the nursing shortage in America is real. From the rural hospitals of Maine to the suburbs of Los Angeles to the frontiers of my own home State of Utah, health care providers are concerned about the lack of trained nurses. It seems to me that Congress has to act to avert this crisis and we do not have to stumble our way to a solution, so I am pleased today to hear the testimony from real experts on the reasons why there is a shortage of nurses.

Now, I want to learn about effective solutions as well. It is also my hope that the private sector can work with the public sector to find ways of attracting and retaining nurses.

In my home State of Utah, a report entitled the "Utah Nursing Resources Study, 1985–1990," found that Utah's health care industry experienced a 13 percent shortage in the supply of nurses in 1985, and projections of that shortage by 1990 are almost double.

Let me just give you an illustration here. You will notice on a projected nurse shortage in Utah, in the 1985 model it says in the task force estimates of deficit by level of education comes to 1,133 as of 1985, and it lists them there from Ph.D.'s, masters, bachelors, to the AD/DP categories.

By 1990, the shortage will be 1,918, and this is, of course, a model based on need requirements. It shows the supply that we have and the deficit that we have. The data for 1985 also indicates a deficit of 75 licensed practical nurses. However, because of data restrictions, it was not possible to project the LPN deficits for 1990, and we presume that they will be even more than that. We are very concerned about it.

Most of Utah's projected need has been nurses with baccalaureate and associate degrees. In Utah, we do have a unique situation. As many as 3 applications are received for each student slot in nurse education and training programs, and this is the major reason why I am pleased to be an original cosponsor of S. 2231, the Nurse Education and Reauthorization Act.

The legislation continues support for graduate education nursing programs and provides new support for baccalaureate and nursing education, and it provides $94 million in fiscal year 1989 to address the critical nursing shortage.

Now, around the country, the projections are that we will still need 38 percent more nurses by the year 1990, and we are going to have to find ways of attracting people into the nursing profession.

Now, I am especially proud to have representatives from Utah today speaking about Utah's unique situation, including Dr. Sundwall. Ms. Sonja Nielsen, a student nurse, will describe her decision to become a nurse. And Richard C. Gross, from the Utah Job Training Coordinating Council, will talk about a unique program Utah's Job Training and Partnership Program is reviewing. This idea brought together the nursing schools, health care facilities and the State Job Training Administration to develop a program to retrain some of Utah's dislocated workers and to tap other available training funds for Utah citizens who want to become nurses. Now, this is a public and private sector partnership, and I, for one, surely hope that it works. If it is successful, other States may want to try it out as well. Of course, like I say, I am very proud to welcome my dear friend, and mentor in many ways, Dr. David Sundwall, who is currently Administrator of the Health Resources and Services Administration. David is our Nation's leader in finding some solutions to the nursing shortage crisis.

A nurse from Utah was recently quoted as saying, "Quality of health care begins at the bedside . . . we want to continue the quality of care that Utahans have been accustomed to." Now, I believe with realistic and creative solutions, we can find ways of attracting, training, and educating more nurses, and it is one profession that our society just cannot live without.

Mr. Chairman, I am grateful that you have given me this time to make this statement and, of course, talk about my concerns about nursing, and again we are happy to see the excellent witness list that has been compiled. I look forward to hearing these witnesses today.

Thank you.

Senator THURMOND. Mr. Chairman, I am glad to see these fine witnesses here from Utah. I wonder if there are any here from South Carolina?

Senator HATCH. If there are not, it is certainly an oversight. [Laughter.]

Senator THURMOND. I want to commend Senator Hatch.

Senator HATCH. I do have some questions for Dr. Sundwall, after you are through.

Senator THURMOND. I would have to commend him for looking after the Nation, and especially for looking after Utah.

Senator HARKIN. Dr. Sundwall, thank you very much for your testimony. I just have a couple questions for the record.

The administration's budget request for all health professions education in fiscal year 1989 was $40 million. That is down from about $210 million for this year. What amount did HRSA, what amount did you forward to the Department of Health and Human Services for fiscal year 1989, and how much of it was earmarked for nursing education?

Dr. SUNDWALL. I will need some help with that. I can get that for you.

Senator HARKIN. If you do not have it, if you can get it to us, if it is not right at your fingertips.

Dr. SUNDWALL. We forwarded down a request for considerably more money than came out of the process of the budget deliberations, but nonetheless, sir, we did in fact, if I am not mistaken, it was about $107 million, but what we did intend was for titles VII and VIII to be considered together in the notion of this having States help assess what their particular needs were in health professions, so they would have to determine if they wanted to use that money for——

Senator HARKIN. You forwarded $165 million?

Dr. SUNDWALL. That is correct, for titles VII and VIII together.

Senator HARKIN. VII and VIII?

Dr. SUNDWALL. Yes.

Senator HARKIN. That is still down from the $210 million this year.

Dr. SUNDWALL. That is correct.

Senator HARKIN. I just have an article here I would like to ask be inserted in the record at the appropriate point. It is an article from Newsweek Magazine. I am not testifying as to its veracity or anything else, but I think there are some interesting points in there about the nursing shortage. It was in the March 14, 1988 issue of Time Magazine—I'm sorry, did I say Newsweek—Time Magazine.

I am just going to read one quote out of it:

> Almost simultaneously, Retired Admiral James Watkins, Chairman of the Presidential AIDS Panel, called for Federal programs to attract half a million more nurses by 1991 to treat AIDS patients and others who are chronically ill.
>
> Secretary of Health and Human Resources Bowen recently convened a special commission in Washington to find ways to revitalize the nursing profession.

You mentioned that in your testimony. It seems that on the one hand people are saying, wait a minute, we have got a nursing shortage. Senator Hatch pointed out in Utah, and I can tell you what it is like in Iowa. We see all indications that we have here that there is a tremendous burnout, shortage, we are not getting the kind of people we need, yet the long-term care needs of our society are increasing and that is not something that is addressed by a doctor necessarily, but by a health professional like a nurse, and yet you are telling me that the budget was cut.

You requested $165 million, and the administration's budget request was $40 million. I do not understand how that fits. It seems like we have got everybody saying there is a shortage.

Dr. SUNDWALL. Well, I think we are caught at a time in history where the demand for nursing services really is outstripping what we projected as enough supply. We clearly have trained more and more nurses, as the chart pointed out, and we will continue to have

more nurses every year, at least through the end of this century, and that has to do with the numbers that we have trained.

Even with the recent decline in enrollment of nursing schools, we will continue to have more nurses available. Whether or not it is sufficient for the demand, I think we have to rely on the Secretary's Commission to see if we are going to be able to get a connection there or if we are really disconnecting on the supply and demand equation.

Senator HARKIN. What I would like to see superimposed upon your first graph, the one that you had with the black line, you had the graduations and the supply——

Dr. SUNDWALL. Right.

Senator HARKIN [continuing]. The supply was leveling off, I would like to see superimposed on that the need, the demand.

Dr. SUNDWALL. That is the hard thing to get a handle on, because clearly it depends on the region of the country and population groups, like AIDS, for example, clearly is placing a demand for long-term care of nursing and nurse practitioners. Those kinds of factors are hard to get a handle on because, as you know, are projections for numbers and need are estimates at best. We have a changing, a rapidly changing health care environment and those projections are hard to quantify.

Senator HARKIN. I just think that in light of all of the evidence surrounding the nursing shortage, there just seems to be copious amounts of evidence and it is not just all anecdotal. I think it is real evidence. I think that it really is less than forthright for the Department of Health and Human Services to come out with a $40 million request. I would even take issue with $165 million, but $40 million, that really is mind boggling for both VII and VIII together.

I want to just ask one other question about your testimony, sort of putting everything together in one great big grant. You talked about the flexibility of bringing it to the States. Here it is, on page 10:

> As progress has been made in meeting health personnel needs, however, these multiple special-purpose programs have tended in recent years to constrain our ability to use limited resources available for health professions initiatives in the areas of greatest need.

Well, let me look at what we are putting money into. We have got special projects, advanced nurse education, nurse practitioner, midwife, nursing shortage relief, traineeships for advanced education, nurse anesthetists, scholarships for undergraduate nurses, and post-baccalaureate fellowships. That is the list I have.

Would you like, for the record, to state which one of those you think maybe is over-funded or under-funded?

Dr. SUNDWALL. Well, I do not know if I could for any particular specialty, but I sure know that various regions have different needs. Utah's needs are great in rural health, certainly the nursing shortage has been documented by Senator Hatch.

I just returned from a visit to the Texas-Mexican border, and the needs there are almost overwhelmingly, the degree of poverty is so great as to certainly resemble third world countries. Their needs are not the same as New York City or even Utah, and I believe our intention, which is a very legitimate one, is to try and get States to assess what are your needs, what in your communities are the kind

of professionals you have a shortfall of, and let us direct those Federal funds to get that kind of professional trained.

So, I do not have any wisdom that says which is the most needy in the Nation, but I do suspect that localities could help us determine what they really need to meet the needs of their population.

Senator HATCH. What you are saying is put all these things into one basket, that is what you are saying?

Dr. SUNDWALL. What we want is a flexible authority so we can have a cooperative agreement with the States to make sure that the Federal dollars we provide will support education for their health professional needs. We do not plan on giving them any direction that you must train family doctors or nurse anesthetists or this, but let you tell us what the kinds of personnel you need and then we will give you some money to help do that.

Senator HARKIN. I assume, I am not sure but I assume that these figures for these line items do not come out of thin air, they came from requests and data that we have, I assume? Counsel says this does not restrict the States from applying to the categories that they really need, they can still apply for whatever their——

Dr. SUNDWALL. Right.

Senator HARKIN [continuing]. There is still flexibility for the States to apply for what their needs are.

Dr. SUNDWALL. Well, over time there have been some 25 categorical grant programs in title VII and about 8 in title VIII and they all are special interests, they are all important, but they have to apply for money in that category to get it. It is kind of a cumbersome way of doing business, to have these multiple specialties trained through grant reviews, so it is——

Senator HARKIN. I would just like to know if any State has applied for funds in any of these things and were told there is not enough money there in that special fund, but there is money in something else. That is what you are telling me. I would like to know if that is——

Dr. SUNDWALL. We have had clearly in the competitive review process, there is a lot of competition for money and when people apply sometimes they are turned down. I got a call yesterday from a very disgruntled applicant turned down from Boston, but it is not because they do not have a worthy program, it is just that the funds are constrained, and they would be under our proposal, there is no question. I am not denying that. The limited funds are a reality, I guess, so we fall back on the tried and true phrase that we have, tough times and hard choices to make, and in our agency we are directly responsible for providing care for under-served population through community health centers and migrant health centers, we have maintained that budget at the maximum level of authority, and given our successes in training more nurses, more doctors, more everything in the health professions, that is where we sought for some savings, but it is not because we do not recognize the need, it is just because we recognize the need to economize.

Senator HARKIN. I don't mean to belabor it. I am not opposed to grants and putting things together and giving flexibility if in fact it can be shown that the present system is so inflexible that it really is causing undue hardships in States. Without that kind of evidence, I do not know—the idea of if it is not broken, do not fix it, I

do not know that the categories that we have are broken. I have not seen any of it.

Dr. SUNDWALL. I understand.

Senator HARKIN. Thank you, Dr. Sundwall.

Senator Hatch?

Senator HATCH. Dr. Sundwall, Mary Graff, from Health Care Innovations in Salt Lake City, recently testified before the Bowen Commission on Nursing Shortage that the one critical need for nurses is child care. Now, she stated that "in rural settings, a minimum of 40 percent of nurses have dependent children and that most day-care establishments currently offer services to children of mothers working 9:00 to 5:00, not evenings or nights, and certainly not for mothers working rotating shifts. Nurses have extraordinary difficulty finding child care that meets their needs."

Now, has that been your experience in studying some of the work-related problems faced by nurses?

Dr. SUNDWALL. Well, it is an interesting question, particularly interesting to me because I have delivered babies late at night with Mary Graff at Holy Cross Hospital in Salt Lake City. She is a nurse midwife who used to be with Family Health Plan, and I know she works late hours and long hours or did then.

It is a problem, and there is no question that it is a problem, but I would like to suggest that it is not just a problem for nurses but working women everywhere, as women are increasingly in the workforce, child care is a critical problem and it will be for America's industries nationally and we have to look at that for nursing and all women who are now working.

Senator HATCH. Thank you. I agree with you. This Committee just reported legislation reauthorizing the National Institutes of Health, and contained in that bill is a provision authorizing the National Center for Nursing Research to fund demonstration programs in the areas of nursing recruitment and retention of nurses. Is this provision necessary, especially in the light of title VIII of the Act which is being proposed and reauthorized through this bill today?

Dr. SUNDWALL. Let me ask Joe Eleanor Elliott to answer that, who is head of our Division of Nursing and knows those specifics better than I do.

Senator HATCH. Okay.

Ms. ELLIOTT. The present title VIII does have demonstration authority in it, and indeed the National Center for Nursing Research and the Division of Nursing are currently preparing a call for proposals for innovative nursing practices, for demonstration and research in innovative nursing practices.

The National Center for Nursing Research would fund the research portion of that; the Division of Nursing under our present authority would fund the demonstration part of it, and the effort would be then to look at—it will be a combination of hospitals in a given setting to look at what the hospital can do to change the way it is delivering nursing services and then the research portion would be to study the outcomes of those changes that are being demonstrated. So the present title VIII does have demonstration authority in it.

Senator HATCH. That is fine.

Dr. Sundwall, does the problem with malpractice insurance coverage, does that have any impact on nurses leaving the profession? Or should I make it broader, the problem of malpractice lawsuits and the fear of malpractice lawsuits?

Dr. SUNDWALL. The GAO just completed a series of five reports on malpractice and one of those had information on who were the claims made against. The vast majority are against physicians in hospitals, accounting for over 90 percent. There is a small percentage that are nurses and dentists and other health providers; nonetheless, in spite of there being a relatively small number of those against whom claims are filed, it has had an impact, particularly on nurse practitioners who went through a real crisis a few years ago and had to get a self-insurance kind of availability. Through some risk retention changes in law, they were able to obtain insurance, but it is a problem but certainly to a lesser extent than other health providers, but I think the fear of liability is a problem for all health professionals.

Senator HATCH. I do, too. There is a provision in the bill under the nurse recruitment section that speaks to either grants or contracts to administer that particular section. Do you have a preference for either as an administrative approach?

Dr. SUNDWALL. Dr. Clinton, would you answer that? He administers all those grants and contracts in the Bureau of Health Professions.

Senator HATCH. What is your preference on those?

Dr. CLINTON. Our preference would be to have authority to do both, grants and contracts. Each one has distinct advantages.

Senator HATCH. All right.

Thank you, Mr. Chairman. I appreciate being able to ask those questions.

Senator HARKIN. Thank you, Senator Hatch.

Dr. Sundwall, thank you very much for being here. We appreciate your testimony.

Dr. SUNDWALL. Thank you, sir. We appreciate your inviting us.

Senator HARKIN. For our next panel, I will turn to my distinguished friend and colleague from Utah for the introduction of our second panel.

Senator HATCH. Thank you, Mr. Chairman.

I am happy to introduce Ms. Sonja Nielson, who is a student nurse at the University of Utah, who will graduate in June. We are very proud of our University of Utah and the whole medical school, including the nursing school, and we are very happy to have you here, Sonja, and we appreciate you coming and testifying.

Robert Gross is Legal Counsel for the First Interstate Bank, and is the Chairman of the Private Sector Council for the Job Training Partnership Act in Utah, so we are really happy to have you here as well, and we look forward to listening to both of you. Robert, we are very appreciative of both of you coming back and I think you will add a great deal to this hearing today.

Thank you both for being here.

Senator HARKIN. Thank you very much, Senator Hatch.

Your statements will be made a part of the record in their entirety. Sonja, you are listed first, so go ahead and please proceed.

89-339 0 - 88 - 2

This is a seven-minute timer here, and so I will ask you to try to keep to seven minutes if you could.

Welcome.

STATEMENTS OF SONJA NIELSON, STUDENT NURSE, UNIVERSITY OF UTAH COLLEGE OF NURSING, SALT LAKE CITY, UT; AND ROBERT C. GROSS, LEGAL COUNSEL, FIRST INTERSTATE BANK, SALT LAKE CITY, UT

Ms. NIELSON. Thank you.

Good morning. I am a student nurse at the University of Utah, as Senator Hatch stated. I am pleased to address the issue regarding the reauthorization of nurse education. Nursing is a people profession, with a holistic approach to health, to heal and comfort others. Nurses use themselves, through talk, touch, and action or just their presence.

The most predominant reason nurses give for going into the profession is the love of people. For as long as I can remember, I have wanted to be a nurse. Nursing has long been known as a caring profession. I have always enjoyed caring for and helping people, from putting on bandaids to caring for seriously ill patients in the hospital. I know of no other profession that allows you to so directly help people and see the fruits of your labors.

For the past five years, I have dedicated my life to nursing, both in employment as well as through a baccalaureate education. I believe baccalaureate education is important to acquire in nursing in order to provide the highest quality of care for my patient.

Nursing is a very challenging profession. There are so many areas of specialization to be studied. Nursing is a growing and ever-advancing profession that provides continuous stimulation to all of one's senses. If one area of practice ever becomes mundane or routine, another challenging avenue exists to be explored.

Unfortunately, the financial aspects of nursing as well as the lack of respect the profession has received in the past have made nursing unattractive for some individuals. This may be due in part to nursing being considered a predominantly female occupation, but this is rapidly changing.

At the University of Utah, currently there is an average of 16 percent male students. While nurses often begin at similar salaries to other groups with four years of education, the salaries often fall behind greatly after five to ten years of practice. Ceilings on salaries are often low. Professional nurses carry a great deal of responsibility and impact significantly on the quality of health care of patients. Thus, salary compensation is an important issue to consider. The work environment and recognition for nurses' contribution to health care is experiencing some positive changes.

Financial support for nursing education is very important. The growing shortage of registered nurses is a major issue which needs to have Federal intervention in order to correct some of the current problems. In Utah, a State nursing study was conducted in 1986 which indicated that we have a 13 percent shortage of registered nurses and we are projecting a shortage of 20 percent by the year 1990.

The Nurse Education Act should be supported so that schools of nursing have funds available for graduate nursing education to prepare advanced practitioners and nurse educators. In addition, funds for scholarships and special programs to assist undergraduate education are needed so that more individuals may be prepared for the profession to meet the health needs of our patients. As Senator Hatch stated, the majority of schools across the country reported a decline in applicant pools, but at the University of Utah College of Nursing there is a waiting list for students to be admitted. Availability of funding to educate new and practicing nurses is urgently needed.

Colleges and universities need assistance to educate the maximum number of nursing students possible. They need adequate budgets to hire faculty to insure a safe student/instructor ratio. It is important that we have high quality education for safe professional practice. Nursing has a growing body of knowledge which requires constant learning and updating in order to provide safe, effective care. There is a shortage of funding also to develop programs to reeducate the many nurses who are wanting to return to the profession and upgrade their practice.

The nursing shortage and its effect on staffing and patient care is becoming more recognized and widespread. Money is needed now to recruit and retain professional nurses as it is a national crisis. Simply stated, in order to have quality care for yourself and your loved ones, Federal funds are needed now to be spent toward baccalaureate and graduate education in nursing. I urge your full support of the Nurse Education Act.

Thank you for allowing me to speak on this important issue.

[The prepared statement of Ms. Nielson follows:]

TESTIMONY ON THE NURSING EDUCATION ACT
April 14, 1988
Before the Senate Labor and Human Resources Committee

Sonja Nielsen, Student Nurse
University of Utah College of Nursing
Salt Lake City, Utah

For as long as I can remember, I've wanted to be a nurse. Nursing has long been known as a caring profession. I've always enjoyed caring for and helping people, from putting on bandaids to caring for seriously ill patients in the hospital. I know of no other profession that allows you to so directly help people and see the fruits of your labors. For the past five years, I have dedicated my life to nursing, both in employment and baccalaureate education to further my knowledge in order to fully develop myself to become the best nurse that I can be. I believe that it is important to acquire a baccalaureate education in nursing in order to provide the highest quality of care for my patients.

Nursing is a very challenging profession. There are so many areas of specialization to be studied. Nursing is a growing and ever advancing profession that provides continuous stimulation to all of one's senses. If one area of practice ever becomes mundane and routine, another challenging avenue exists to be explored.

Unfortunately, the financial aspects of nursing as well as the lack of respect the profession has received in the past have made nursing unattractive for some individuals. This may be due in part to nursing being considered a predominantly female occupation, but this is rapidly changing. At the University of Utah College of Nursing an average of 16% of the students are male. While nurses often begin at similar salaries to other groups with four years of education, the salaries often fall behind greatly after 5 to 10 years of practice. Ceilings on salaries are often low. Professional nurses carry a great deal of responsibility and impact significantly on the quality of the health care of patients. Thus, salary compensation is an important issue to consider. The work environment and recognition for nurses' contribution to health care is experiencing some positive changes.

Financial support for nursing education is very important. The growing shortage of registered nurses is a major issue which needs to have federal

intervention in order to correct some of the current problems. In Utah, a state nursing study was conducted in 1986 which indicated that we have a 13% shortage of registered nurses and we are projecting a shortage of 20% by 1990. The Nurse Education Act should be supported so that schools of nursing have funds available for graduate nursing education to prepare advanced practitioners and nurse educators. In addition, funds for scholarships and special programs to assist undergraduate education are needed so that more individuals may be prepared for the profession to meet the health needs of our patients. While the majority of schools across the country report a decline in applicant pools, the University of Utah College of Nursing has waiting lists of students to be admitted. Availability of funding to educate new and practicing nurses is urgently needed.

Colleges and universities need assistance to educate the maximum number of nursing students possible. They need adequate budgets to hire faculty to insure a safe student/instructor ratio. It is important that we have high quality education for safe professional practice. Nursing has a growing body of knowledge which requires constant learning and updating in order to provide safe, effective care. There is a shortage of funding to develop programs to adequately reeducate the many nurses who are wanting to return to the profession and upgrade their practice.

The nursing shortage and its effect on staffing and patient care is becoming more recognized and widespread. Money is needed now to recruit and retain professional nurses as it is a national crisis. Simply stated, in order to have quality care for yourself and loved ones, federal funds are needed to be spent now toward baccalaureate and graduate education in nursing. I urge your full support of the Nurse Education Act.

Senator HARKIN. Thank you very much. It is good testimony. I am going to have some questions for you in just a moment.

Next, I would like to welcome Robert Gross to the Subcommittee. Again, please proceed with your testimony.

Mr. GROSS. Thank you.

Mr. Chairman, Senator Hatch, I am happy to be here with you and speak with you this morning. My name is Robert Gross, and I am a corporate lawyer and private business representative of the Utah Job Training Coordinating Council, which overseas the administration of the Federal JTPA in the State of Utah.

I currently chair the Employment and Training Committee of this Council, and I previously served for four years as Chairperson of the Local Private Industry Council which directs and administers JTPA programs for the Salt Lake County metropolitan area.

In addition to providing policy guidance and oversight for Utah's Job Training Partnership Act programs, the Utah Job Training Coordinating Council is responsible for evaluating employment and training needs of our State. We do this by means of a public-private partnership among elected officials and representatives from private industry, education, labor, and community-based organizations.

Our State, as you have heard, along with the rest of the country, faces a serious problem in its shortage of nurses. Nursing currently ranks as the seventh highest growth occupation in our State, behind six unskilled occupations. Our annual demand for registered nurses currently averages approximately 580 full-time equivalent positions and approximately 240 full-time equivalent positions for licensed practical nurses.

A report conducted by the Utah Nursing Resources Study Task Force, which has been alluded to by Senator Hatch and Sonja, indicates that the health care profession is currently experiencing a 13 to 20 percent nursing shortage and, as I have indicated, that shortage is expected to rise to about 20 percent by 1990.

Nationally, nursing school enrollments are declining. We are experiencing the same problem in Utah. However, we believe Utah may be experiencing a unique situation, in that while we have the education and training facilities and qualified applicants for our nursing programs, we currently lack the faculty to train them.

Because of our current economic situation, Utah higher education has not received the necessary budgetary increases to match the increased demands of our health care industry. In fact, across the board State budget cuts have decreased the university and college faculties and consequently actual enrollments and enrollment availability.

The University of Utah, for example, is now turning away, as Senator Hatch has already suggested, 3 qualified applicants for every 1 that is accepted into the college of nursing. Our State colleges now have approximately 750 applicants for about 190 openings, again a 3-to-1 ratio.

As I mentioned earlier, a primary responsibility of the State Job Training Coordinating Council is to evaluate the employment and training needs of our State. To examine Utah's nursing shortage crisis, the Council recently invited representatives of the health care industry, nursing educators, and the State Employment Serv-

ice to present for the Council current information on the nursing shortage in Utah.

The Utah Job Service agrees with the task force on the 580 full-time equivalent openings for registered nurses annually, but we have had some difficulty in matching the numbers of nurses supplied with data for the annual graduation and our actual demand. Some of the factors we must consider are immigration and out-migration of nursing candidates, the number of nurses who are continuing their education while they are already in Utah's nursing labor force, and the number who graduate who do not enter the nursing labor force in Utah.

To quantify and qualify our supply figures, the Department of Employment Security and the Utah agency responsible for licensing nurses are now working to merge their data bases to determine how many of the nursing graduates licensed in the State actually show up as working nurses in Utah's labor market.

My committee, and indeed our full council, continue our review of the issues and the recommendations of the Nursing Resources Study Task Force. Although our JTPA programs cannot sponsor a training program longer than two years, we do sponsor the training or upgrading of nurses when it can be accomplished within that period of time. As a result, it is possible to assist current LPN's in obtaining the necessary education and training to qualify and become licensed registered nurses.

Since 1985, the Utah Legislature has appropriated State funds for training single heads of households who are receiving AFDC assistance to supplement our Federal JTPA funds. With our combined State and Federal funds, we have sponsored the training of 162 economically disadvantaged persons in nursing programs around the State, at an average cost per placement of $1,138. One JTPA participant who was featured as a success story in our last annual report to the Governor was a single mother with two children ages 3 and 1. Her work experience was limited to various non-skilled jobs, making her transition from food stamps and AFDC to self-sufficiency almost impossible.

She enrolled in JTPA and graduated with honors in an LPN program last summer. The day after graduation, she was hired by a local hospital which offered her full tuition reimbursement for continuing her training to become a registered nurse.

The goal of JTPA is to place the economically disadvantaged and persons with other barriers to employment in permanent unsubsidized employment. We only train for occupations in demand, and nurses are certainly in demand in our State.

The Nursing Resources Task Force projects a deficit in Utah of 1,918 nurses to meet anticipated demand by 1990. We compliment the efforts of this Committee to address this national problem with the proposed nurses education legislation. We hope that those candidates waiting for enrollment in nursing programs in our State, including JTPA participants, will have those training and educational opportunities.

Thank you for the opportunity to speak for you on this issue.

[The prepared statement of Mr. Gross follows:]

Statement by

Robert C. Gross, Chairman

Employment and Training Committee

of the

Utah Job Training Coordinating Council

to the

Committee on Labor and Human Resources

April 14, 1988

I. Introduction

Mr. Chairman and members of the committee, I am pleased to speak to you this morning.

I am Robert Gross, a lawyer and private business representative on the Utah Job Training Coordinating Council. I presently chair the Employment and Training Committee of this council, and I served two years as Chairman of the local Private Industry Council which directs JTPA programs for the Salt Lake metropolitan area.

In addition to providing policy guidance and oversight for Utah's Job Training Partnership Act programs, the Job Training Coordinating Council is responsible for evaluating the employment and training needs of our state.

II. Utah's Nursing Shortage

One serious problem our state faces along with the rest of the country, is a shortage of nurses. Nursing ranks as the 7th highest growth occupation in the state, behind six unskilled occupations. Our demand for Registered Nurses is currently 580 FTE positions annually and for Licensed Practical Nurses, 240 FTEs annually. A report conducted by the Utah Nursing Resources Study Task Force reports the health care profession experiencing a 13% shortage

beginning in 1985, and projects that shortage to rise to 20% by 1990.

Nationally, nursing school enrollments are declining, just as we are now experiencing in Utah.

However, Utah's unique situation is that we have the facilities and qualified applicants for nursing programs, but lack the faculty to train them.

Due to our tight economy, Higher Education has not received the budget increases to match the increased demands of the health care industry. In fact, across the board state budget cuts have decreased the faculty, and consequently, the enrollments. The University of Utah is now turning away three qualified applicants to every one that is accepted into the College of Nursing. Our other state colleges now have 757 applicants for 186 openings - also a three to one ratio.

III. The Job Training Coordinating Council's Efforts

As I mentioned earlier, a primary responsibility of the State Job Training Coordinating Council is to evaluate the employment and training needs in our state. The Council recently invited representatives of the health care industry, nursing educators and the State Employment

Service to present current information on the nursing shortage in Utah. Job Service agrees with the task force on the 580 FTE openings for Registered Nurses annually, but our information on the annual supply of nurses we can expect in Utah is more difficult than counting the number of nursing school graduates. Some of the factors we must also consider are in-migration and out-migration of nursing graduates, the number of nurses who are continuing their education while they are already in Utah's nursing labor force, and the number who graduate, but do not enter the Utah nursing labor force. To nail-down our supply figures, the Department of Employment Security and the agency responsible for licensing nurses are working to merge their data bases to determine how many of the nursing graduates licensed in the state actually show up in Utah's labor market as nurses. My committee and the council will continue our review of the issues and recommendations of the Nursing Resources Study Task Force at our next meeting.

Although our JTPA programs cannot sponsor a training program longer that two years, we do sponsor the training or up-grading of nurses when it can be accomplished within that time.

Since 1985, the Utah Legislature has appropriated state funds for training Single Heads of Households who are

receiving AFDC assistance to supplement our federal JTPA funds. With our state and federal funds, we sponsored the training of 162 economically disadvantaged persons in nursing programs around the state at an average cost of $1,138 per participant.

One JTPA participant who was featured in our last annual report to the Governor was a single mother with two children ages three and one. Her work experience was limited to various non-skilled jobs, making the transition from food stamps and AFDC, to self-sufficiency almost impossible. She enrolled in JTPA and graduated with honors in an LPN program last Summer. The day after graduation, she was hired by a local hospital, which offered her full tuition reimbursement for continuing her training to become a Registered Nurse.

IV. Conclusion

The goal of JTPA is to place the economically disadvantaged and persons with other barriers to employment in permanent, unsubsidized employment. We only train for occupations in demand, and nurses are certainly in demand in our state. The Nursing Resources Task Force projects a deficit in Utah of 1,918 Registered Nurses by 1990.

We compliment the efforts of the committee to address this national problem with the Nurses Education legislation. We hope that those waiting for enrollment in nursing programs in our state, including JTPA participants, will have those opportunities.

Thank you for this opportunity to speak on this issue, and I will now take your questions.

JTPA TRAINING OF NURSES & NURSES ASSISTANTS
PROGRAM YEAR 1986 & 1ST QUARTER of PROGRAM YEAR 1987
(July 1, 1986 - September 30, 1987)

ENROLLMENTS

SERVICE DELIVERY AREA (Approx Cost)	Licensed Practical Nurse	General Duty Nurse (And RNs)	Practical Nurse	Office Nurse	Private Duty Nurse	TOTAL NURSES	TOTAL NURSING ASSISTANTS
Bear River $ 23,898	1					1	20
Weber-Morgan $ 13,656	3	6 (2)	1			10	2
Davis $ 3,414	1	1 (1)				2	1
Wasatch Front So $ 37,554	4	9			2	15	18
Mountainland $ 38,692	15	1 (1)	14			30	4
Uintah Basin $ 17,070	11	1		2		14	1
Central $ 25,036	10					10	12
Southwest $ 34,140	4	16 (16)				20	10
Southeast $ 72,832	45	14 (14)		1		60	4
STATEWIDE $266,292	94	48 (34)	15	3	2	162	72

Approximate total costs based on average cost per individual in Classroom Training of $1,138.00

There is no "DOT-code" (Dictionary of Occupational Titles) for Registered Nurses. SDAs reported enrollees training in this field under the DOT-code for General Duty Nurse.

Senator HARKIN. Thank you very much.

Senator Hatch?

Senator HATCH. Thank you so much, Mr. Chairman.

Let me start with you, Sonja. I will just ask a few questions. I mentioned the problem of child care. Is that a problem for student nurses as well as graduate nurses?

Ms. NIELSON. It is. The requirements for school include working in the hospitals and so we do carry out the same hours that nurses do, so there is child care for that issue as well as classtime, so many of my fellow classmates do have their children in day-care centers, and when their children are sick they have to stay out of class and miss out on part of their education.

Senator HATCH. I see. Are you aware of the settings in Utah where the nursing shortage has hit the hardest? Is the shortage of nursing in our State, is it in homes, is it in hospitals or someplace else?

Ms. NIELSON. As far as I know, regarding registered nurses, the shortage is probably most in the hospitals, especially in the intensive care units, because it is there that only registered nurses are allowed to work.

Senator HATCH. What is the most important thing that we as Members of Congress can do to help recruit people into becoming nurses?

Ms. NIELSON. For starters, probably educate baccalaureate qualified registered nurses so that they have the skill to take care of patients effectively.

Senator HATCH. Is the fear of malpractice that I raised with Dr. Sundwall, is that a real thing for student nurses and for those who are contemplating coming into the profession?

Ms. NIELSON. I would say it is, because the fear is put into us, to tell us, you know, safe practice, et cetera, and it is an issue that student nurses are faced with.

Senator HATCH. For one thing, it is probably good from that standpoint, but it may also help to deter people from coming into the profession as well.

Ms. NIELSON. It may, because people are afraid of harming others and the fear of lawsuit is always there.

Senator HATCH. Well, I am very proud of you and am proud of the testimony that you have given here today, I want you to know that.

Ms. NIELSON. Thank you.

Senator HATCH. Let me turn to you, Mr. Gross. I would like to commend you and the Utah Job Training Coordinating Council for helping develop such an innovative program in our State.

Mr. GROSS. Thank you, Senator.

Senator HATCH. While I have to admit strong prejudice in favor of anything going on in my own home State, I think my colleagues here on the Committee will agree that your program to take economically disadvantaged persons into the nursing profession really is a very good idea, so I am proud of what you are doing and I just want to commend you for it.

Mr. GROSS. Thank you.

Senator HATCH. It is a wonderful example of what we in Congress really hoped JTPA would do, that is if we would pull together

the organizations and the individuals with the expertise and the knowledge and understanding to formulate programs to prepare the unemployed and economically disadvantaged individuals for good jobs, that we would be able to actually accomplish that and do it, and I think you are showing that you can do that.

Now, can you tell us what other Utah groups or organizations participated in designing this particular program?

Mr. GROSS. There have been a large number of groups. Certainly your staff has been of great assistance. We have had health care industry representatives, we have had educators, including the Dean of the University of Utah Nursing School and the Director of the Weaver State College Nursing Program, representatives from the Employment Security Office, representatives from our Governor's staff, representatives from higher education and representatives from nursing administration, and certainly our own staff.

Senator HATCH. Well, that is great. What difficulties are you encountering during the development of your ideas for a JTPA funded nurse training program?

Mr. GROSS. Well, I suspect we have a couple of major difficulties. One difficulty, of course, is the inherent limitation in JTPA, which is limited to a maximum of two-year funding, so we are limited to the number of people or the types of individuals who we can service because they have to fit within a two-year training program at most.

The other major limitation or difficulty that we are experiencing right now is just the fact that we have a ready supply of candidates to move into training programs, but we do not have slots to put them in.

Senator HATCH. How will the candidate for the program be selected?

Mr. GROSS. That is largely handled on a service delivery area. Utah is currently divided into nine different service delivery areas. I can only speak for my own former service delivery area, which is the Salt Lake County metropolitan area.

Essentially, the private industry councils our service delivery area target specific groups and jobs that are in high occupational demand, then we attempt to classify candidates by certain groups, including AFDC recipients, handicapped, school dropouts, minorities and older workers, then we attempt to match the profile of individual candidates for the available positions, training positions that are open, and with the merger of that match then we slot trainees in programs.

Senator HATCH. Terrific. Well, I want to commend you. I have a lot of other questions but I know that we can talk to you personally about those. I think my colleagues on the Committee have to be interested in that, because we have all been interested in the success of JTPA, which came out of this Committee. It was really a bipartisan bill and we are real proud of what has been done there, especially what you have done. We are glad to have your testimony here today.

Mr. GROSS. Thank you.

Senator HATCH. Thank you both for being here.

Senator HARKIN. I just have one follow-up question on that. Does your program provide funding for nursing programs solely at the LPN level?

Mr. GROSS. No, it does not. We provide training programs, upgraded programs for current LPN's which wish to upgrade and move into an RN status. We can provide an additional two years training for those candidates.

Senator HARKIN. Do you think your program could be replicated in other States?

Mr. GROSS. Well, I certainly would think so.

Senator HARKIN. Especially where there is a shortage?

Mr. GROSS. That is correct, yes.

Senator HARKIN. I would be interested in knowing how many other States are doing it.

Senator HATCH. Do you know if any other States are doing it?

Mr. GROSS. I do not, offhand.

Senator HATCH. Well, I think we ought to get it around, because it is a good idea and it may help to alleviate some of the shortage at a really modest cost, compared to what we usually spend back here.

Senator HARKIN. Sonja, I just had a couple of questions. First of all, you seem to know a great deal about the nursing shortage and things that are going on out there. What year are you in school?

Ms. NIELSON. I am a senior.

Senator HARKIN. A senior. Why did you choose to become a nurse?

Ms. NIELSON. Like I stated, it is a caring profession and I have always enjoyed caring for and helping people ever since I was little. My brothers and everyone came to me to ask me to help them when they got cuts and things and it is just something I love doing.

Senator HARKIN. But you cannot do it for nothing, right?

Ms. NIELSON. Yes.

Senator HATCH. But you have been all your life, I suppose. [Laughter.]

It is nice to get paid.

Ms. NIELSON. Yes.

Senator HATCH. I understand some nurses feel that what they are getting paid today is almost nothing and, frankly, I used to be a medical malpractice defense lawyer. I have a very healthy respect for the medical profession, but I think nurses get very little credit for all the health care that they provide. The nurses do an awful lot of work and get very little credit for it and certainly get very little compensation.

Ms. NIELSON. Nurses have interactions with the patients continuously, whereas physicians see them maybe once or twice a day.

Senator HATCH. That is right, so I just want to commend you. I think it is wonderful you are going into this profession and I am really proud of our nursing schools in Utah. I think they do a terrific job.

Senator HARKIN. They are doing that in Iowa, too. I have often said, Orrin, that nurses in America are perhaps the most under-utilized profession that we have, under-utilized.

Ms. NIELSON. There is a lack of autonomy, where nurses could perform that they are not allowed to.

Senator HARKIN. Time Magazine hit it right on the head in the article I mentioned earlier said that many places you go in—and I saw this myself, you see RN's doing all kinds of paperwork and they are maybe giving a pill to a patient, something that should be done, but their level of training and expertise is much higher than that.

Ms. NIELSON. Well, it is not just giving the pill to the patient, it is knowing what the pill is going to do and how it is going to help the patient.

Senator HARKIN. Well, I am saying a nurse could do that.

Ms. NIELSON. Right.

Senator HARKIN. It might be someone else that might be able to do some of the paperwork.

Ms. NIELSON. Yes, definitely.

Senator HARKIN. I believe the Time Magazine article said that many health care experts believe the entire concept of nursing and the traditional role of the nurse must be radically redefined. For too long, the medical community has depended on nurses as a source of cheap labor, and it went on to talk about them filling out paperwork and that kind of thing, and said that if you want nurses to nurse, they should nurse, if you want someone to do paperwork, get a secretary.

Ms. NIELSON. Yes.

Senator HATCH. Well, we could do a lot about the paperwork here in the Federal Government if we would, is all I can say. [Laughter.]

But you are looking at the fellow who put the nurses center in the NIH against overwhelming rejection. In other words, NIH did not want to do a nursing center. But we felt that nurses have a great role to play in research activities in our country and certainly at the National Institutes of Health, and you cannot believe how that was fought by all other aspects of the profession, the medical profession.

But today you are there and we are going to see that nurses play an impactful role at NIH. I have a high regard for nurses and what you do. We just want to give every bit of support we can to you, and this Committee will do that.

This Committee in the last number of years in a bipartisan way I think has done some remarkable things for health in this country. We are going to continue to work in a bipartisan way to do what is best for nurses and for health professions in this country, and we just hope that we can come up with some better answers because, like poor Dr. Sundwall, he wishes he had an unlimited amount of funds because he could do an awful lot of good, but he has to make priority choices. Those can be very difficult choices during tough times, and we have to understand that and try and help him by not saddling the profession with unnecessary regulation, unnecessary burdens and unnecessary costs.

Thank you, both. We really appreciate having you here.

Senator HARKIN. Thank you very much.

We will call on our next panel. We have heard from Utah and now we will hear from Iowa. Dr. Geraldene Felton, Dean of the College of Nursing, at the University of Iowa; and Ellen Strachota,

head of the Division of Nursing at Grand View College, in Des Moines, Iowa.

I might just say for those of you who are here—I did not mean to say this after Senator Hatch left, I just thought of it, but within the next 10 minutes we are going to have a vote on the floor of the Senate, which will clearly indicate where our priorities lie.

Senator Weicker has an amendment on the floor which I am cosponsoring which would take, I think it is $50 million, out of the superconducting supercollider and put it into the National Institutes of Health's broadly based programs at the Naticnal Institutes of Health, which is grossly under-funded. So we will just see where some of these priorities lie and whether or not we are going to make the kind of hard choices that need to be made, and that is going to happen in about 10 minutes.

Welcome, both of you, to the Committee. It is good to see you again. Your testimony will be made a part of the record in its entirety. Dr. Felton, please proceed.

STATEMENT OF GERALDENE FELTON, R.N., ED.D., FAAN, DEAN, COLLEGE OF NURSING, UNIVERSITY OF IOWA, IOWA CITY, IA; AND ELLEN STRACHOTA, MSN, R.N., HEAD OF DIVISION OF NURSING, GRAND VIEW COLLEGE, DES MOINES, IA

Dr. FELTON. Thank you, sir. My name is Geraldene Felton. I am President of the American Association of Colleges of Nursing.

I am pleased to present testimony this morning on behalf of our association, which represents over 400 schools of nursing in senior colleges and universities. Our association, of course, is extremely concerned about the nursing shortage and its implications for patient care.

The demand for well-prepared nurses has never been greater and you have heard that spoken to already. We therefore are pleased to be able to discuss our thinking on the problems of supply and demand for nurses and provide suggestions regarding reauthorization of title VIII as a means of addressing the Nation's needs for nursing services.

Not having enough students entering the profession means that there is a shortage at both beginning levels of nurses as well as nurses prepared for advanced levels of practice.

The fifth report of the President and the Congress by the Secretary of the Department of Health and Human Services predicted an under-supply of 200,000 nurses prepared at the graduate level by the year 1990, and a short-fall of 335,000 by the year 2000. Coupled with the projected increases in the number of elderly and frail elderly, as we have in Iowa, are the needs of persons who test HIV positive, the chronically ill, low-birth rate infants and people who are dependent on technology in their own home.

These categories of persons will increase the need for nursing services and thus the need for support of all levels of nursing education programs. Solution to the complex nursing manpower problems that can be offered by the Nurse Education Act Reauthorization must address a number of issues related to the education of nurses and the environments in which this education occurs.

Our association supports your efforts to introduce new and innovative solutions to increase nursing manpower. The student support initiative directed at both basic and advanced level nursing students provide incentives to potential students to enter the profession, and this is a profession that does not presently compensate the practitioner well, particularly experienced nurses.

Scholarships and traineeships, we encourage those because they do not increase the students' debt burden, and this approach is very useful for recruitment. We also support initiatives to support education of nurses at all levels, because this will serve to enhance the overall supply.

Senator Harkin, you mentioned utilization of nurses. The work environment and work conditions of nurses, particularly in hospitals, is very discouraging. Changes in the work environment, such as providing adequate support personnel, might dramatically affect the supply equation.

We would like to make clear, however, that suggestions related to the need for support staff for registered nurses is not an attempt to have nurses move away from the bedside. The Department of Health and Human Services data on participation rates by nurses have shown that the greater the educational preparation of the nurse, the greater the likelihood that the nurse will be practicing at the bedside. This is congruent with nursing's long history of human services.

Most individuals who choose nursing as a career do so because of their interest in providing care for patients and families. Nurses who express frustration regarding the work environment notably express greater concern that they are not always able to give the quality of care they know how to give.

Work environments that offer opportunity to do so have the least difficulty in recruiting and retaining qualified staff, and we hope examples of those environments will come out of the Secretary's Commission on Nursing.

We commend the Committee in its efforts to seek solutions to the cyclical shortage of nurses and to develop new initiatives directed at both the students of nursing and the programs that prepare nurses. We, however, are leery of shortsighted solutions that would simply ask for more nurses without looking at the health care system, the type of nurse providers necessary to meet the needs of the public and the potential for avoiding future shortages.

Individuals making career choices will not choose nursing if they are convinced that not only is compensation not commensurate with educational preparation required to practice nursing in today's complex environment, but also that the system does not recognize the importance nursing plays in health care delivery.

In this country, recognition is confirmed by financial rewards, role in decision-making and working conditions that are commensurate with responsibility.

If these conditions are met, nursing enrollments will not be an issue, nor will experienced nurses move away from the clinical setting. Indeed, individuals seeking a career that is both economically and personally rewarding will recognize that nursing is actually a good way to live a life.

Tremendous changes in growth in nursing education have occurred because the support of this committee has traditionally been provided to nursing and nursing education. You are to be commended for your recognition that nursing is a public commodity vital to quality health care.

We cherish the public trust implied in your support. We pledge to continue to be worthy of such trust. High-quality nursing education is not the problem. High-quality nursing education is the solution to safe, ethical, appropriate, and cost-effective nursing care.

We request that title VIII be retained as a nurse authorization act. Thank you.

[The prepared statement of Dr. Felton follows:]

American Association of Colleges of Nursing
aacn One Dupont Circle • Suite 530 • Washington, D.C. 20036 • (202) 463-6930

TESTIMONY FOR THE
SENATE LABOR AND HUMAN RESOURCES COMMITTEE
ON S.2231

APRIL 14, 1988

PRESENTED BY

GERALDENE FELTON, R.N., ED.D., FAAN
PRESIDENT, AMERICAN ASSOCIATION OF COLLEGES OF NURSING
AND
DEAN, UNIVERSITY OF IOWA COLLEGE OF NURSING
IOWA CITY, IOWA

American Association of Colleges of Nursing
aacn One Dupont Circle • Suite 530 • Washington, D.C. 20036 • (202) 463-6930

TESTIMONY FOR THE
SENATE LABOR AND HUMAN RESOURCES COMMITTEE

APRIL 14, 1988

Good morning. I am Geraldene Felton, President of the American Association of Colleges of Nursing. I am pleased to present testimony this morning on behalf of our association, which represents over 400 baccalaureate and higher degree programs in schools of nursing in senior colleges and universities.

Our association has been extremely concerned about the nursing shortage and its implications for patient care. The demand for well-prepared nurses has never been greater. Patients receiving care in acute care settings are sicker and require more intensive application of technology. In addition, changing demographics in our nation reflect an increasingly large population of frail elderly requiring knowledgeable and skilled nursing care. We, therefore, are pleased to be able to discuss some of our thoughts on this shortage and provide suggestions regarding the reauthorization of Title VIII as a means of addressing the shortage.

In the last four years enrollments in baccalaureate nursing programs have declined by 28 percent. Further, recent data from the American Freshman Study, conducted by Dr. Alexander W. Astin at the University of California in Los Angeles, have shown continuing declines in the number of first-time, full-time, freshmen expressing an interest in nursing as a career choice. In fact, the number of entering college freshmen interested in a nursing career has decreased 50 percent in the past four years. In 1983, 8.4 percent of freshman college students listed nursing as their career choice. In 1987, only 4 percent of freshman students listed nursing as their career choice. In other words, the brightest and most career-oriented individuals who are entering college and preparing for their future professional lives find choices other than nursing more enticing.

I have included as an appendix, a fact sheet that highlights some of the more well-known shortage information. What we need to focus on is the nursing care demands that make enrollments in baccalaureate or higher degree nursing programs a concern, for the shortages that exist today are not only in the numbers of nurses prepared at the basic level. Shortages also exist for those nurses prepared at the advanced level as nurse clinicians, nurse educators, administrators, and researchers.

Nurses prepared at the advanced level are in especially critical shortage. The Fifth Report to the President and Congress by the Secretary of the Department of Health and Human Services predicted an undersupply of 200,000 nurses prepared at the graduate level by the year 1990. This shortfall will increase to 335,000 by the year 2000. Coupled with the projected increases in an elderly population, the needs of persons who test HIV-positive, and the chronically ill, these figures reveal a need to strongly support both graduate and undergraduate nursing education programs.

The technological complexity of present-day hospitals and other health care organizations has also increased the demand for nursing personnel prepared at a variety of levels. Hospitals have increased the ratio of nurses to patients from an average of 50 nurses per 100 patients just a very few years ago to a level often in excess of 90 nurses per 100 patients. A recent survey by the American Hospital Association has also indicated that nurse executives desire a more highly educated staff than now available.

Moreover, the many other arenas in which nurses practice offer serious competition to hospital nursing services. Patients leaving the acute care setting often require very sophisticated care at home, including the need for well-educated, skilled nurses who can plan, monitor, and guide the health care required.

Home health care agencies are beginning to recruit and attract more critical care and other highly skilled specialty nurses, thus competing directly with hospitals for scarce professional resources. And often home care agencies seek to recruit nurses with advanced degrees to meet the challenging home care requirements.

Our association's research shows that over 90 percent of graduates of baccalaureate nursing programs are engaged in direct patient care in the hospital, nursing home or home health care setting. However, nurses are rarely compensated for additional nursing education. Link (1987) reports that the differences in hourly wages for nurses prepared at the associate degree level and baccalaureate prepared nurses range from $.61 to $.78 per hour. Using the high end of this range, this translates into an annual premium of $1370 per year for the baccalaureate degree in nursing. The end result is reluctance on the part of individuals to acquire the baccalaureate as the first degree if their earning power will not be substantially greater. Individuals choosing to enter a senior college or university to prepare for their professional career look askance at a nursing career that has a variety of methods to achieve the same position in nursing, with little or no compensation for the additional education or experience acquired with the baccalaureate degree.

In addition, the education of nurses must be provided by expert nurse clinicians and nurse researchers who are prepared at the advanced level. Only small numbers of nurses are prepared at the doctoral level. In fact, less than one percent of all nurses in the United States have doctoral degrees. Unlike other disciplines where over 65 percent of faculty are prepared at the doctoral level, in nursing only 13 percent of the faculty are prepared at the doctoral level. Nursing students need the best educated faculty in order to be able to learn, and in turn provide, the best nursing care possible.

All this means is that any solutions to the complex "nursing shortage" that can be offered by the Nurse Education Act reauthorization must address a number of issues related to the education of nurses and the environments in which that education occurs. Our association recognizes the serious consequences of a nursing shortage to our nation's elderly as well as the health care needs of all individuals. We applaud your efforts and the Committee's efforts on behalf of our nation's health care needs. We support your efforts to introduce new and innovative solutions to the nurse manpower shortage. Such solutions must include initiatives to improve the practice environment and enhanced support for individuals seeking a career in nursing. We therefore commend the student support initiatives directed at both basic and advanced level nursing students. Support for undergraduate nursing students should provide incentive to enter

a profession that does not presently compensate the practitioner well. Scholarships and traineeships that do not increase a debt burden for the learner are useful mechanisms for recruitment into nursing education. Nurse midwives and nurse practitioners have traditionally provided health care services to the nation's elderly and underserved. Individuals who wish to gain these skills should receive support for their education. We commend the Committee for including initiatives to support the education of nurses at all levels, including nurse practitioner and nurse midwife traineeships.

Further, the career ladder initiatives included in S. 2231 will provide opportunities for new and innovative curriculum development to assist individuals who are seeking a career in nursing. For instance, second career students comprise an increasingly large component of the nursing student population. The Special Projects initiatives directed at these students, or at students with another level of nursing education will result in greater numbers of nurses prepared to give care both at the bedside and in non-hospital settings.

Other factors that need to be addressed are salaries, professional nurse utilization and differentiated practice environments. Development of differentiated practice environments would allow nursing personnel to best utilize the skills and capabilities developed in differentiated educational

programs. Our association applauds the long term care/home care demonstration project authority contained in S 2231. Initiatives such as these will provide support for the development of new models of practice in these settings. These new models should serve as incentives for recruitment and retention of the best and the brightest nurses to provide care to the nation's elderly.

Changes in the work environment such as providing adequate support personnel for professional nurses might dramatically alter the demand/supply equation. We would like to make clear, however, that suggestions related to additional support staff for registered nurses is not an attempt to move away from the bedside. The Department of Health and Human Services' data on participation rates by nurses has shown that the greater the educational preparation of a nurse, the greater the likelihood that the nurse will be practicing. Individuals who choose a nursing career do so because of their interest in providing care for patients and families. Nurses who express frustration regarding the work environment today notably express greatest concern that they are not always able to give high quality, ethical and safe care. Nurses want to be at the bedside and want to provide high quality care. The environments that offer an opportunity to do so have the least difficulty in recruiting and retaining qualified nursing staff.

We commend the committee in its efforts to seek solutions to the cyclical shortages of nursing personnel and to develop new initiatives directed at both the students of nursing and the programs that are designed to prepare our nation's nurses. We, however, are leery of shortsighted solutions that would simply ask for more nursing personnel without looking at the demands of the health care system, the types of nursing providers necessary to meet these demands, and the potential for avoiding future shortages. Individuals making career choices will not choose nursing if they are convinced that compensation is not commensurate with the educational preparation required to practice nursing in today's complex environment. Further, the health care system must recognize the important role nursing plays in health care today by giving nurses a corresponding role in decision making.

If these changes occur, nursing enrollments will not be an issue, nor will nurses moving away from the profession. Individuals seeking a career that is both economically and personally rewarding will recognize that nursing is a good choice.

In closing, we would like to thank the committee for its ongoing support. Tremendous changes and growth in nursing education have occurred because of the support this committee has traditionally provided. Your efforts on behalf of nursing education has benefited the health care of our nation. You are to be commended for your recognition that nursing is a vital component of quality health care for our nation's public. We cherish this public trust which you have given us. We pledge to continue to work to develop nursing education and practice models that will result in high quality care and a healthier nation.

REFERENCES

American Association of Colleges of Nursing (1988). Report on Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, 1983-1988. Washington, DC: American Association of Colleges of Nursing.

American Council on Education (1987). 1986-87 Fact Book on Higher Education. New York: Macmillan Publishing Company.

American Hospital Association (1987). Report of the Hospital Nursing Personnel Survey. Kansas City, MO: American Hospital Association.

Cooperative Institutional Research Program (1987). 1987 Freshmen Survey Report. Los Angeles, CA: Higher Education Research Institute.

Department of Health and Human Services (1986). Fifth Report to the President and Congress on the Status of Health Personnel in the United States. Rockville, MD: USDHHS.

Department of Health and Human Services, Division of Nursing (1986). The Registered Nurse Population. Rockville MD: USDHHS.

Link, C.R. (1987). A Labor Economist's Analysis of Nursing. Nurses for the Future Conference, Philadelphia, PA.

National League for Nursing (1988). Nursing Data Review, 1987. New York: National League for Nursing.

National League for Nursing (1988). Nursing Student Census with Policy Implications, 1987. New York: National League for Nursing.

American Association of Colleges of Nursing
aacn One Dupont Circle • Suite 530 • Washington, D.C. 20036 • (202) 463-6930

NURSING SHORTAGE FACT SHEET

Recent studies by the American Association of Colleges of Nursing and the American Organization of Nurse Executives document the increasing awareness that a nursing shortage exists, and that this shortage will become increasingly pronounced as the effects of declining nursing enrollments are felt by the health care community.

The recently released findings of the American Organization of Nurse Executives (AONE) points out the present shortage being felt in the acute care setting. This study identified that 82.4% of all the hospitals responding to the AONE survey indicated vacancies in registered nurse positions. A direct correlation with size was found for vacancies, with 97.1% of all hospitals with 500 or more beds reporting registered nurse vacancies. Almost a quarter (24%) of the hospitals reported a vacancy rate of 15% or greater, indicating a severe need for registered nurses in these settings.

Over 90% of the reporting hospitals indicated that they were actively recruiting nurses for positions on medical or surgical units. Over two-thirds of these hospitals also reported that they had recruitment periods of 60 days or more to fill positions in intensive care units or coronary care units. Seventy-five percent of hospitals in the northeastern United States reported very difficult recruitment, lasting over 90 days. Although recruitment was particularly difficult in the northeast, no geographic region of the country was free of the problem.

In addition, the current shortages in registered nurses available to provide care will be severely compounded in the coming years. Enrollment figures for schools of nursing show the declining interest in nursing as a career among young Americans choosing life professions. According to Dr. Kenneth Green, of the University of California, Los Angeles, Graduate School of Education, there has been a 33% decline in actual number of first time full-time freshman college students who express a desire to be a nurse. The following figures highlight the number of first time, full-time, enrollees in college who envisioned a career as a nurse.

YEAR	NUMBER EXPECTING TO ENTER NURSING	PERCENTAGE CHANGE
84	63,257	N/A
85	53,321	DOWN 16%
86	42,846	DOWN 20%

ACTUAL CHANGE FROM 84 TO 86 - DECREASE OF 33% IN NUMBER OF STUDENTS EXPECTING TO BECOME A NURSE.

89-339 0 - 88 - 3

In 1983, 42,000 first time full-time four year college freshman indicated a desire to prepare for a career in nursing. In 1986, the number of
first time full-time college women desiring a career in nursing had dropped to 19,800. The average attrition rate would decrease this number to result in approximately 11,500 BSN graduates in 1990, a number less than the predicted 23,000 individuals expected to acquire a medical degree.

Enrollments in nursing schools have also declined. The National League for Nursing reports a 10% decline in overall nursing enrollments from 1983 to 1985.

The American Association of Colleges of Nursing has just completed a survey of 399 baccalaureate nursing programs in nursing. The findings indicate a dramatic decline in the number of students actually enrolled in these programs since 1983.

Schools reporting all 5 years: N = 274

YEAR	NUMBER OF FULL-TIME STUDENTS ENROLLED			PERCENTAGE CHANGE
	GENERIC	RN	TOTAL	
83-84	63,252	5,010	68,262	N/A
84-85	64,036	4,480	68,516	UP 0.4%
85-86	58,205	4,016	62,221	DOWN 9.2%
86-87	50,633	4,489	55,122	DOWN 11.4%
87-88	44,652	4,387	49,039	DOWN 11.0%

TOTAL CHANGES FROM 83-88 = ENROLLMENT DECLINE OF 28.2%

Although a small decline in first-time enrollees in college has been experienced in the general higher education community, the number of full-time enrollees for all institutions has remained stable. Therefore the decline experienced by nursing schools is not reflective of a diminishing freshman pool, rather it is an indication that individuals seeking a professional education are not choosing nursing.

Should enrollments continue to decline in nursing the future of American health care will be severely affected. The need for action to stimulate awareness of nursing as a productive and rewarding career is clear to all in nursing education. Current projections for future nursing manpower needs indicate that the changing nature of health care is increasing and will continue to increase the demand for nurses prepared at the baccalaureate or graduate level. Action must be taken to recruit the best and the brightest to nursing and to enhance the capability for already practicing nurses to further their education as a means of improving the quality of care provided to the American public.

Senator HARKIN. Thank you very much, Dr. Felton.

I heard the buzzer go off. There is a vote, that vote I told you about is on the floor and I have got a few minutes left to get over there. I will just recess the Committee and I will be back in 10 minutes.

The Committee will stand in recess for about 10 minutes.

[Short recess.]

The Committee will resume its hearing on S. 2231.

We just heard testimony from Dr. Felton and now I would like to turn to Ellen Strachota, the head of the Division of Nursing at Grand View College, Des Moines.

Ellen, again welcome and please proceed.

Ms. STRACHOTA. Good morning.

I am also a member of Senator Harkin's Nursing Advisory Committee for the State of Iowa, and I am very pleased to have the opportunity to address this Senate Committee on behalf of nursing and nurses throughout the State of Iowa and throughout the Nation.

We are extremely concerned about the progressive nursing shortage. We agree that there is a shortage in the State and in the Nation. We are convinced that the changing environment of health care in the United States demands the best-educated practitioners from all health professions. The need for nurses with the best education and clinical expertise has never been greater.

Demographically, the Nation is changing. Specifically, in Iowa, the population is heavily weighted with older persons. Iowa has the highest percentage in the Nation of persons over the age of 85, and we rank third for persons over the age of 65. Contrasting with that the number of persons ages 15 to 24 is predicted to decline by 23 percent by the year 2000.

Given these extremes, it is evident that the nurse of the future coming from this group, the traditional college-age student pool, will be considerably lower. Thus, a health care dilemma is emerging, with an increasing elderly population requiring greater nursing care from a declining nurse pool. In addition, 25 percent of the State of Iowa's population live in rural areas, making access to health care more difficult. Based on current population projections, these problems will continue to intensify.

This has all occurred at a time when enrollment in nursing programs have dramatically decreased. Over the last four years, there has been a significant decline in enrollments in nursing programs nationwide in Iowa and also in Des Moines.

Any response to this shortage that uses shortsighted, quick fixes such as moves to import nurses from abroad or to direct students to shorter academic experiences denies the changes that have occurred in the health care system. Further documentation of the need for the best-educated practitioners comes from the nurses themselves.

Between the years 1982 and 1986, more than 204,000 nurses initially prepared at the ADN or diploma level enrolled in baccalaureate nursing programs. Moreover, enrollments in master's degree programs have increased 19 percent from 1983 to 1987. This is additional evidence that nurses themselves recognize the need to be as well-educated as possible to provide the best nursing care.

Part of the answer to the shortage can lie in the reauthorization of title VIII of the Public Health Service Act, the Nurse Education Act. It is vital that money be available for the education of the nurses.

The new initiative for traineeships for undergraduate education will provide financial assistance directly to nursing students to encourage enrollment in undergraduate nursing programs. Federally funded forgiveness loans based on the provision of one year's work in a health care setting in return for one year's cancellation of the loan leading to a total forgiveness in 10 years would be very attractive to students, and these have been available in the past.

Currently, special projects grants and contracts support numerous rural health initiatives, such as those in Idaho, Oklahoma, Texas, and Wisconsin. Many of these are outreach educational programs for potential nurses in rural areas; programs that emphasize rural health, home health, and geriatric training. Continuation of these projects will help to increase availability and access to rural health care and quality health care to the elderly, especially in States with large rural and elderly populations such as Iowa. In addition, the nursing shortage relief programs will help stimulate interest in nursing and interest to remain in nursing and practice in long-term health care.

I believe that the majority of the assistance should be directed at undergraduate education programs, but not to the exclusion of advanced education for professional nurses. Nursing needs to increase its number of mater's and doctorally prepared nurses. Through their advanced education improvement in patient care and education of nurses can continue.

I speak in favor of the reauthorization of title VIII for both types of assistance, one, for institutional support for nursing schools, and, two, for assistance directly for the nursing students. With this assistance, nurses can be better able to provide quality health care for our Nation.

I commend the Committee for inviting us to speak on these important matters. Thank you.

[The prepared statement of Ms. Strachota follows:]

1200 Grandview Avenue • Des Moines, Iowa 50316 • 263-2800

TESTIMONY FOR THE
SENATE LABOR AND HUMAN RESOURCES COMMITTEE
ON S.2231

APRIL 14, 1988

PRESENTED BY

ELLEN STRACHOTA, R.N., M.A.
HEAD, DIVISION OF NURSING
GRAND VIEW COLLEGE
DES MOINES, IOWA

Grand View College

OFFICE OF THE
DIVISION OF NURSING
(515) 263-2850

1200 Grandview Avenue • Des Moines, Iowa 50316 • 263-2800

TESTIMONY FOR THE
SENATE LABOR AND HUMAN RESOURCES COMMITTEE

APRIL 14, 1988

Good morning, I am Ellen Strachota, head of the Division of Nursing at Grand View College, Des Moines, Iowa, and a member of Senator Harkin's nursing advisory committee. I am pleased to have the opportunity to address this Senate Committee on behalf of nursing and nurses throughout the state of Iowa and the entire United States. We are extremely concerned about the progressive nursing shortage and its implications for patient care. We are convinced that the changing environment of health care in the United States demands the best-educated practitioners from all health professions. The need for nurses with the best education and clinical expertise has never been greater.

Demographically the nation is changing; specifically in Iowa, the population is heavily weighted with older persons. Iowa has the highest percentage in the nation of persons over age 85, and ranks third in the number of persons over age 65. Con trasting with the number of elderly, the number of persons 15-24 years of age is predicted to decline by 23 percent by the

year 2000. Given these extremes, it is evident that the number of future nurses coming from this group, the traditional college-age student pool, will be considerably lower. Thus, a health care dilemma is emerging, with an increasing elderly population requiring greater nursing care from a declining nurse pool. In addition, 25 percent of the state of Iowa's population live in rural areas, making access to health care more difficult. Based on current population projections, these problems will continue to intensify.

A task force organized by the Iowa State Board of Nursing recently completed a survey for statewide planning. The task force identified future health care needs related to eight leading causes of death. Again, it is noteworthy that persons 65 years and older make up the greatest numbers in these risk categories.

The extremely technical and demanding environment of health care today requires nurses who can absorb complex information and produce a decision that will benefit the individual patient. We are all aware of the "quicker and sicker" phenomenon of today's acute care environment and the corresponding changes in long-term and home care settings. The result has been a dramatic change on the demand side of the economic equation. Hospitals have increased the ratio of nurses to patients and home care agencies

seek to recruit nurses with advanced clinical practice skills to meet the challenging home care requirements.

This has all occurred at a time when enrollments in nursing programs have dramatically decreased. Over the last four years, there has been a significant decline in enrollments in baccalaureate nursing programs nationwide. At Grand View College, enrollments have followed the national trend.

Any response to this shortage that uses shortsighted, quick fixes such as the moves to import nurses from abroad or to direct students to shorter academic experiences denies the changes that have occurred in the health care system. Further documentation of the need for the best-educated practitioners comes from the nurses themselves. Between the years 1982 and 1986, more than 204,000 nurses initially prepared at the associate degree or diploma level enrolled in baccalaureate nursing programs. Moreover, enrollments in master's degree programs have increased 19 percent from 1983 to 1987, additional evidence that nurses themselves recognize the need to be as well-educated as possible to provide the best nursing care.

Part of the answer to the shortage is in the reauthorization of Title VIII of the Public Health Service Act, the Nurse Education Act. It is vital that money be available for the education of nurses.

The new initiative for traineeships for undergraduate education will provide financial assistance directly to nursing students to encourage enrollment in undergraduate nursing programs. Federally funded forgiveness loans based on the provision of one year's work in a health care setting in return for one year's cancellation of the loan leading to total forgiveness in 10 years would be very attractive to students.

Currently, Special Projects grants and contracts support numerous rural health initiatives, such as those in Idaho, Oklahoma, Texas, and Wisconsin. Many of these are outreach educational programs for potential nurses in rural areas; programs that emphasize rural health, home health, and geriatric training. Continuation of these projects will help to increase availability and access to rural health care and quality health care to the elderly, especially in states with large rural and elderly populations such as Iowa. In addition, the nursing shortage relief programs will help stimulate interest in nursing and interest to remain in nursing and practice in long-term care areas.

I believe that the majority of the assistance should be directed at undergraduate education programs, but not to the exclusion of advanced education for professional nurses. Nursing needs to increase its number of master's and doctorally prepared

nurses. Through their advanced education improvement in patient care and education of nurses can continue.

I speak in favor of the reauthorization of Title VIII for both types of assistance: one, for institutional support for nursing schools, and two, for assistance directly for the nursing students. With this assistance, nurses can be better able to provide quality health care for our nation.

REFERENCES

American Association of Colleges of Nursing (1988). Report on Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, 1983-1988. Washington, DC: American Association of Colleges of Nursing.

American Hospital Association (1987). Report of the Hospital Nursing Personnel Survey. Kansas City, MO: American Hospital Association.

Department of Health and Human Services (1986). Fifth Report to the President and Congress on the Status of Health Personnel in the United States. Rockville, MD: USDHHS.

Iowa Board of Nursing Taskforce on Statewide Planning. Unpublished report.

National League for Nursing (1988). Nursing Data Review, 1987. New York: National League for Nursing.

National League for Nursing (1988). Nursing Student Census with Policy Implications, 1987. New York: National League for Nursing.

Senator HARKIN. Thank you very much.

You were here earlier, both of you, when Dr. Sundwall was here and talked about the budget proposals, the $40 million that they have requested for both title VII and title VIII. I assure you that this Committee will authorize or reauthorize at the minimum of last year's level, and I am sure that we will appropriate as much as we have had last year also, and we are not going to abide by those figures.

We do have limits. There will not be any growth, I do not think. I do not know. I am sure that we will have votes on that and we will see where the votes lie. I intend to support some growth in this area of title VII and title VIII. I do not know if we will have the votes for it and I do not know what the budget will allow for it.

But within those, Dr. Sundwall mentioned that he wanted to just get rid of all those categories and put it all into one lump, kind of a grant to the States and they would decide how to use it.

Assuming that does not happen, and looking at the different areas in there, where should the greatest emphasis be placed on support for the programs within title VIII? I listed those earlier today, those eight programs. Do you have any thoughts on—Dr. Felton first, do you have any thoughts on those—here they are right here, special projects, advanced nurse education, nurse practitioner, nurse midwife, nursing shortage relief, traineeship for advanced education, nurse anesthetist, scholarships for undergraduate nurses and post-baccalaureate faculty fellowships.

Obviously, some of those the administration wanted to begin to zero out. I am just asking, what do you think in those areas, where should we look really for heavy emphasis.

Dr. FELTON. Well, the legislation was very carefully thought out with input from the major nursing organizations, and I would go for the balance as it appears in the legislation. It is not possible to look at one part of the problem and not at another part. You cannot deal with increased numbers of students if you do not have the faculty to teach them. You cannot deal with nursing education and nursing practice without having people who are prepared with advanced preparation to do the research necessary to be done to administer the complex nursing services to do the teaching, and you have to have specialties as are elaborated because of the complexity of the environment in which we are operating.

I just think that the bill reflects the need as learned people understand what the needs are.

Senator HARKIN. So you are saying there is a good balance in there between the two, and you agree with that?

Dr. FELTON. Yes, I would agree.

Senator HARKIN. Dr. Felton, as President of the American Association of Colleges of Nursing, beyond providing more money for financial assistance to students, what else can we do to attract and encourage young people to pursue nursing as a career?

Dr. FELTON. Well, the major thing is the emphasis that nursing is a public utility and public utilities are desired and desirable, and we have in our culture an approach to showing that we desire things, and that has to do in nursing, for instance, an environment in which nurses can practice as they know they should practice, decision-making authorities at the upper levels, conditions of practice

that are appropriate, and compensation that is appropriate with one's competence and one's education, and the Federal Government makes a strong statement about the things the Federal Government believes in.

Senator HARKIN. You are the dean of the school of nursing also at the University of Iowa. Ms. Strachota, you are the dean of nursing at Grand View, which is a private school.

Ms. STRACHOTA. Yes.

Senator HARKIN. Are there any differences there that we ought to be aware of? In other words, I sort of direct the question back to you, but from a private college standpoint. Are there any things, other than just the financial programs, that we could be doing to attract young people to the nursing profession?

Ms. STRACHOTA. Some of the things that we can be doing to attract more people into nursing would come from society as well as from nursing itself, and the image of nursing, as Dean Felton talked about, that the idea of the autonomy, the ability to make some decisions, especially if you have some knowledge base, the information you referred to earlier, that nurses are under-utilized, and we are almost handcuffed sometimes with our ability to make decisions, our ability to provide quality nursing care and the ability to get unhandcuffed and to get free to make some of these decisions and to have a profession that we can be compensated for, both by salaries but also by prestige and by the ability to function and control our own profession would therefore bring people wanting to become nurses because it would be revered that, not as a handmaiden profession, but more as a really caring, vital profession for the Nation and for the health of the Nation.

Senator HARKIN. You spoke in your testimony about looking at long-term solutions, not just the short-term fix, and I assume what you have just told me is also part of that longterm solution.

Ms. STRACHOTA. Correct.

Senator HARKIN. In other words, building a career path, building a ladder, building a progression where people can work out both within their profession in terms of knowledge base, the areas of expertise, but also obviously compensation levels, too, that would be a ladder upwards. Are those some of the things you are talking about in the long-term solutions?

Ms. STRACHOTA. Yes, the long-term solution and the idea that when we enter nursing, what compensation that there is, it is an okay salary, but then there is not—the ceiling becomes very low and the ability to move up and take more control over the health care has been limited.

Senator HARKIN. We will be having the Director of Government Affairs of the American Nurses Association here on the next panel and I will ask her too about what the Time Magazine article said about the belief held by many experts concerning the entire concept of nursing and the traditional role of nurses must be radically redefined. How do you feel about this?

Dr. FELTON. Absolutely, and part of that has to do with looking at the work environment and what nurses do that contribute to the health of people and how the environment can be enhanced in order to assure that nurses are able to provide appropriate services that have predictable outcomes.

Senator HARKIN. Ms. Strachota, let me say that I am happy to have you as part of my Nursing Advisory Committee. How about the whole problem of rural, small towns and communities, the nursing shortage out there? Do you have any thoughts on that? How do we address that problem?

Again, it just seems to me that even if you do radically change the system, if you do get good career ladders and work compensation, and all of that, there is still going to be a problem in rural areas and I am wondering how we can address that?

Ms. STRACHOTA. Well, I think the original title VIII has done a good job with starting some of the initiatives for rural health. If you look over the grants that have been funded, it looks like there has been a good beginning to allow and to stimulate people like nurse practitioners, nurse midwife who by their history have gone to the under-served areas and have really done an excellent job in providing at health care for these under-served areas, such as rural and migrant workers, and I think the initiatives have begun the work and that is why I am so eager to see them continue, that the initiatives are there to have people where they have got the autonomy, where they have got the decision-making ability, where they are looked up to and respected for their knowledge base and that they can actually work with these groups.

So I think, number one, we have started to prove that we can do it, we are doing it, and that we need to continue to do it.

Senator HARKIN. Thank you very much, both of you. Is there anything else that you wish to add?

[No response.]

Thank you very much for appearing and your leadership in this area.

Dr. FELTON. Thank you.

Senator HARKIN. I have a number of letters from nurses, from my Nurses Advisory Committee in Iowa, which I would ask unanimous consent to be made a part of the record at this point in the record.

[The letters referred to follow:]

WESTERN DUBUQUE COUNTY
COMMUNITY SCHOOL DISTRICT

HAROLD KNUTSEN, PRINCIPAL – 876-3620
ROBERT HOWARD, ASST. PRINCIPAL – 876-3713

HIGH SCHOOL BUILDING
EPWORTH, IOWA 52045
GENERAL OFFICE
TELEPHONE 876-3442
GUIDANCE 876-3017

April 6, 1988.

Senator Harkin,

I serve on your Nurses Advisory Committee and would like to comment on The Public Health Service Title VIII Nurse Education Bill.

I strongely recommend financial assistance to schools that provide basic and undergraduate programs for nurses. These funds are necessary to the schools and to the students directly to meet the demands created by the nursing shortages. It would seem to me the emphasis right now must be on undergraduate programs. Certainly these programs need appropriate funding to educate nurses to meet the demands now or there will be limited numbers to go on for advanced education and specialization.

An area of health services and care I believe needs to be seriously looked at is school health services. Setting guidelines for mandating school nurses and health services in every state seems an easy and appropriate way to get health coverage to young people during critical growth and development years. How about looking at this phase of nursing? I'm sure the National School Nurses Association or the Iowa School Nurses Organization can provide much information to you on this phase of nursing.

Sincerely

Pearl Scherrman

Pearl Scherrman R.N. B.S.N.
Western Dubuque High School
Epworth, Iowa 52045.
Telephone 319-876-3017

Home Address
P.O. Box 127
Farley, Iowa 52046.
Telephone 319-744-3784.

COE
COLLEGE

Department of Nursing Education

1988 APR 13 P3:55

April 8, 1988

NURSING EDUCATION DEPT.
COE COLLEGE
CEDAR RAPIDS, IA 52402

Ms. Margaret Stuart
Office of Senator Tom Harkin
Washington D.C. 20510

Dear Ms. Stuart:

I am a nurse educator with a B.S.N., an M.A., and will be earning a Ph.D. from the University of Iowa December, 1988. As an individual who has "gone through the system" of nursing education with little outside monetary assistance, I support Title VII, Reauthorization of the Public Health Service Act - Nurse Education." I support it because nursing is truly experiencing a shortage of person power, especially at the B.S.N. and higher degree levels, and incentives to ease the financial burden of nursing education may encourage entrance into it. However, because of where this shortage is, I have some concerns about the wording of Title VII, though perhaps the concerns are misperceptions on my part.

According to recent projections published in nursing journals such as the Journal of Professional Nursing, 4:6:1, "Enrollment Update: Comparison ....", an article by Redman, it is projected that B.S.N. prepared nurses will fall far short of demand by the year 2000. In addition, statistics indicated a marked increase of A.D. prepared nurses writing the National Council Licensure Exam in Iowa during the last five years. I obtained the following statistics from the Iowa Board of Nursing for use in my Ph.D. Dissertation on factors associated with attrition in baccalaureate nursing education:

Number of Persons Successfully Writing NCLEX Per Educational Preparation

	NCLEX 1982	NCLEX 1987
B.S.N.	253	183
A.D.	494	582
Diploma	290	224
Total	1037	989

Thus it can be inferred that in Iowa preparation at the Associate Degree level is on the increase while B.S.N. preparation is on the decrease. Will this development of an educational ladder system (Title I, Section (6) (A)) provide an incentive for individuals to enter A.D. programs and remain at that level for a period of time with the intent of eventually earning a B.S.N.? While those nurses who wish to further their education should certainly be encouraged to do so, I would also encourage incentives such that prospective nurses initially enter baccalaureate education rather than attempt to navigate the

Cedar Rapids, Iowa 52402
319/399-8000

system through the various programs. Resocialization from one program to another is difficult. In addition, educational research indicates that students transferring into B.S.N. programs from junior colleges do not fare as well academically and have a higher dropout rate than students who initially begin their baccaluareate education in a four-year college. See:

Higgs, Z.R., "Predicting Success in Nursing: From Prototype to Pragmatics", Western Journal of Nursing Research, 1984, 6 (1), 77-93.

Hudepuhl, N.C.; Reed, S.B., "Establishing A Student Retention Program", Nurse Educator, 1984, Autumn, 19-24.

I hope these comments are helpful. Incidentally, I did have a Traineeship for a period of one calendar year to earn my Master's Degree in Nursing. Without it I would not have been able to earn my degree at that time. I truly hope this type of assistance can be continued.

Sincerely,

Evelyn Benda

Evelyn Benda, R.N.,
Ph.D. Candidate
Department Chairman

EB/jh

March 30,1988

Margaret Stuart
Office of Senator Tom Harkin
Washington, D.C. 20510

Dear Ms. Stuart;

As a member of Senator Harkin's Nursing Advisory Committee I was mailed copies of the REAUTHORIZATION: HEALTH PROFESSIONS EDUCATION ACT 1988. Our comments were solicited and directed to you. In my brief reading of both PHS TITLE VII (Health Professions Education) and PHS TITLE VIII (Nurse Education) I had the following reactions which I am detailing for you. Do keep in mind that I am unfamiliar with both the development of such bills and the funding of them. My reactions are from my perspective as a nurse in Iowa.

Comparison of TITLES VII AND VIII show 1988 budgeting of 153.67 m. for Health Professions and 56.6m for Nursing. As Nursing is the health field of defined national shortage, these figures seem low comparatively. To encourage young people to enter nursing funding should be expanded. I suggest the following;

1. Double funding for Masters and Doctoral Schools and Individuals. (Adds 18.8m to the budget under sections 830 and 831)

2. Triple funding for traineeships. (Adds 20m to the budget under section 832.)

3. Double funding for development of programming in advanced speciality practices. (Adds 19.5m under section 821)

The additional funds suggested bring the total budget for nursing education to still less than two thirds of the health professions education and addresses the critical shortage of nurses now affecting the nation.

In addition it would seem reasonable to suggest the location of nurse recruitment centers be carefully considered weighing the benefits of placement in places of greatest need for nurses versus the placement where the highest population of young people reside.

I have one caution about rapid advancement to advanced nursing levels from non-nursing undergraduate degrees. The risk here is the creation of leaders who are not prepared to practice since the practice components occur in the basic levels and the theory advancement in the higher levels. In this field as in may other technical professions the practice component is critical and is the building blocks for the advanced theory. Realistically I am more comfortable with basic nursing preparation with advancement into speciality or other non-nursing components.

Finally, I want to thank you for the opportunity to provide input. I realize the comments may not be possible at this point to act upon, especially the budget areas but I felt compelled to address them also. Please feel free to send any such materials for review if you think my input is helpful.

Sincerely,

Jane Schadle

Jane Schadle RN, BSN, MSHA

Donna R. CLothier, RN.C.
Box 128
Harlan, Iowa 51537
April 4, 1988

Margaret Stuart
Office of Senator Tom Harkin
United States Senate
Washington, DC 20510

Dear Ms. Stuart:

My recommendations for changes and inclusions in the REAUTHORIZATION OF THE PUBLIC HEALTH SERVICE ACT, TITLE VIII--NURSE EDUCATION are as follows:

TITLE I--SPECIAL PROJECTS: SECTION 101--SPECIAL PROJECTS GRANTS AND CONTRACTS:

Section 820 [a]-[g]-5 and 6 A and 6 B

Expand this section to read attract and accomodate inactive licensed professional nurses in the specialty groups, geriatrics and occupational health care.

RATIONALE:

The nurses, who have been inactive for several years, need to have access to re-entry programs that are affordable and accredited. There are many nurses in both rural and urban areas, who have dropped out of the health care delivery system; who would, with adequate financial and educational inducements, return to active status. In rural Iowa, there is no shortage of licensed nurses, but rather, a shortage of nurses willing to work within the current system. The nurses cite poor salaries, benefits and patient acuity as the reason for their unwillingness to return to the health care field.

Also, the proposed American Nurses Association entry level changes have made many nurses look for other career opportunities because upgrading their credentials to BSN status has been made financially and logistically impossible. Many nurses are single parents, with all the problems of supporting children, who cannot afford to enroll in advanced programs. The colleges and universities have also, put up artificial barriers for those desiring to upgrade their nursing credentials. Graduates of accredited diploma programs have been ill served by educational institutions and professional

organizations.

Colleges and universities receiving Federal funding for nursing education must be required to develop programs for those nurses wanting to return to active status that do not discriminate against diploma or A.D. graduates. If these institutions are not willing to accomodate these nurses' needs, funding should be denied.

SECTION 821 [SEC 102]--ADVANCED NURSE EDUCATION.

[a] Emphasize "preparing nurses for specialty programs."

Develop educational tracts which will credit re-entering nurses for past experience in specialized areas. The time for the generalist has passed.

RATIONALE:

A nurse, who has been active in a specialty area for a number of years, needs to be recognized and given credit for experience and expertise.

SECTION 823--[SEC 104]

[a] Needs emphasis!

Recommendation:

1. Provide immediate financial relief for those wanting to enter this field. This could be accomplished via direct grants, traineeships and stipends.

2. Provide access to advanced degree progams via specialization tracts, rather than the generalist approach.

RATIONALE:

Nurses working in Long Term care are often looked upon by the medical profession, community and peers as incompetent and has-beens. It would seem that the rapidly changing demographics of the aging population needs to be addressed immediately. The need for professional nurses in this area is increasing, while the number of nurses willing to become active in this field is dwindling. Putting up barriers for those professionals expressing interest in Geriatrics should be discouraged.

SECTION 832 [SEC 203]

Agree with premise.

RECOMMENDATION:

Traineeships for undergraduates and for nurses expressing a desire to re-enter the job market need to be made available. Such programs would lead to college degrees and certification. Use the availability of these traineeships to attract current inactive nurses back in to the field.

SECTION 836 [SEC 204] LOAN PROVISIONS

RECOMMENDATION:

Make loans available to ALL nurses, de-emphasize financial need. Loans would be made with repayment schedules which could be repayed on an individualized basis, using low interest rates that are not compounded.

RATIONALE:

Current salary levels for professional nurses in the rural or economically depressed areas are so low that heavy loan repayment schedules procludes many nurses from participating, even if funds were available.

Please inform Senator Harkin that any educational program must emphasize the need for primary care nurses. Most colleges and universities emphasize preparation of nurses for management, research and faculty positions. The need is for staff nurses in all specialties. Patients need nurses willing and able to provide professional, quality care now!

I have attended two of the statewide open meetings concerning Long Term Care issues as a representative of the Nurses' Advisory Committee. The concensus of both meetings has been the ACUTE shortage of staff nurses has and will continue to adversely impact quality of care. The reasons cited for this shortage were: inadequate salaries, shortage of qualified ancillary staff, poor, if any, benefits and radical change of the level of care required by residents in Long Term Care Facilities. If these deficiencies are not addressed immediately, the crisis in health care delivery systems will not be everted.

One provider said that both the Federal and State governments have taken advantage of the work ethic and dedication of the health care workers at all levels by holding down re-imbursement for T-18 and T-19

recipients. It was pointed out that other professions and workers, at large, are not expected to do so much for so little. They also stated that no one has paid attention to the severity of illness and level of acuity changes that have occurred over the last 5 years. Admissions to Long Term Care facilities no longer consist of elderly persons looking for bed and board, they are sicker and in need of professional nursing care on 24 hour per day basis. There seemed to be a pervasive feeling of frustration and anger among all those who were in attendance.

I hope that this has been helpful. Participation on the Nurses' Advisiory Committee has been gratifying and rewarding. Please let me know if there is anything else I can do to advance the cause of equitable health care systems for all citizens.

Sincerely,

Donna R. Clothier, R.N.,C.

Fed Up, Fearful And Frazzled

As a profession flounders, patient care is suffering

▸ December 1986. New York City. A patient at Montefiore Medical Center could have died when his tracheal breathing tube fell out. Reason: no one on the understaffed night shift heard the respirator alarm go off.

▸ February 1987. Los Angeles. Six days after being released from the Los Angeles County-University of Southern California Medical Center, a 39-year-old woman dies from complications suffered in a hospital-bed fire. Her family's contention: harried nurses discovered the accident only after she had suffered burns on 40% of her body.

▸ January 1988. Louisville. For a time, by astonishing coincidence, none of the city's eleven hospitals can accept critically ill or injured patients. Reason: available beds in intensive-care units cannot be filled because not enough nurses are on duty.

High-tech care: adjusting a patient's breathing apparatus in Dallas

From New York to Los Angeles, the nation's hospitals are locked in the grip of what could become the worst nursing shortage since World War II. Overworked and abysmally paid, growing numbers of America's 2 million registered nurses, 97% of whom are women, are trading in their bedpans for law books, ledgers and briefcases. The exodus of the exhausted comes at a time when nursing schools are reporting dramatic declines in enrollment and veteran nurses are loudly objecting to their working conditions. Paradoxically, however, there are more nurses employed now than ever before. Thanks to increasingly complex medical technology, an aging patient population and the worsening AIDS epidemic, the demand for nurses has never been greater.

Alarmed by gathering signs of a health-care disaster, Secretary of Health and Human Services Otis Bowen recently convened a special commission in Washington to find ways to revitalize the nursing profession. Almost simultaneously, retired Admiral James Watkins, the chairman of the presidential AIDS panel, called for federal programs to attract half a million more nurses by 1991 to treat AIDS patients and others who are chronically ill. Nurses on the job bluntly admit that patients entering U.S. hospitals these days may be risking their lives. "You should be worried if you or someone in your family has to check into a hospital," warns Mary Helen Clark, an intensive-care nurse at Einstein-Weiler Hospital in the Bronx. "There is not enough staffing to cover shifts. Patient care is compromised all the time."

Desperation moves: on strike in Brooklyn

In desperation, nurses have taken to the streets to protest. In January, 3,200 nurses staged a 3½ day strike against the Los Angeles County public-hospital system. Hospitals in the New York City area have endured two strikes and four sickouts in the past eight weeks alone. "You have to be deaf, dumb and blind not to know that there's a dangerous situation," says Emergency Room Nurse Renee Gestone, who picketed Brooklyn's Lutheran Medical Center last week. Adds fellow Striker Pat Stewart: "Some of the doctors are saying that we are morally wrong to go on strike, but is it any more morally wrong than if we are stretched out thin, giving bad care?"

"Who wants to go into nursing these days when there are so many better opportunities for women?" asks Adriene Barmann, 27, a cancer nurse at Mount Sinai Medical Center in Miami Beach. For most registered nurses, the average beginning salary is $21,000, yet 30-year veterans regularly earn less than $30,000. Duties range from starting intravenous lines and bathing patients to such menial tasks as fixing TVs and taking out the garbage. Hospitals routinely require 50- and 60-hour workweeks. Little wonder, then, that enrollment in nursing schools has plummeted 20%, to less than 200,000 student nurses, since 1983. During that period, four of the nation's top nursing schools have closed their doors.

At the same time, advances in medical technology have dramatically increased nurses' responsibilities. Consider the neurological intensive-care unit of Chicago's Cook County Hospital. Cocooned in a bewildering array of intravenous lines, tubes and machines, each patient is desperately ill; 30 nurses are required to monitor and care properly for a group of nine patients around the clock. "Things can change rapidly," explains Mary O'Flaherty, the unit's nurse coordinator. "One moment a patient's intracranial pressures, blood pressure and cerebral-profusion pressure can be fine. The next moment you can start hearing bells."

Patients now require more attention outside the intensive-care unit as well. As part of a long overdue campaign to control soaring medical costs, most patients are released from the hospital faster, but the ones who remain are sicker—and usually older. The number of elderly patients has almost doubled in the past two decades. Result: more nurses are needed for fewer patients.

A technician administering drugs in Houston

The AIDS epidemic has only made a bad situation worse. In New York City, AIDS patients already take up 9% of all available hospital beds. "Caring for AIDS patients is different from caring for any other sick person, make no mistake," says Donna Stidham, a senior nurse at the 20-bed AIDS unit of Sherman Oaks Community Hospital in Los Angeles. These patients tend to be sicker, their illnesses less predictable and their families more difficult to handle. Experimental treatments require close attention and study. "It's going to make everyone face the nursing shortage," says Jeanne Kalinoski, an AIDS nurse at a major New York City hospital. "If you have a heart attack in the emergency room, you might not get a bed because of the number of AIDS patients."

Officially, of course, the shortage has not really endangered people's lives. "Often the level of T.L.C. that a patient expects—the back rub, the hand holding—doesn't get done in today's intense environment," says Allan Anderson, president of Lenox Hill Hospital in Manhattan. "But I don't think there is any evidence that the quality of hospital care has deteriorated."

Nurses tell more troubling tales. Some are required to "float" into sections of the hospital where they have no experience; others must work beyond the point of exhaustion with no backup. Cook County Hospital's O'Flaherty contends that it is not at all unusual for a nurse to be confronted with two patients requiring emergency attention at the same time. Once on the scene, of course, nurses are legally liable; they cannot refuse to work, however impossible the situation. The only recourse for many is to fill out a form protesting the assignment. This does not absolve them if something goes wrong, but it proves that the hospital knew about the situation. "Someone in the hospital fills out a form every night," says Einstein-Weiler's Clark.

What is the solution? Trying to attract young nurses by offering higher starting salaries is a first step. But the cost of constantly having to train new nurses drains the resources of virtually every major medical center. The money might be better spent on creating incentives for experienced nurses to stay. "Nurses who are competent and show potential for professional growth ought to be able to double their salaries in ten years and triple them by retirement," argues Judith Ryan, executive director of the American Nurses' Association, based in Kansas City. "That would make us competitive with other professions."

Many health-care experts believe the entire concept of nursing and the traditional role of the nurse must be radically redefined. For too long the medical community has depended on nurses as a source of cheap but versatile labor. "We need to define the professional nature of nurses more precisely and assign other people to positions where a nurse's professional and scientific background is not essential," says Dr. David Skinner, president of New York Hospital. It does not take a nursing degree, for example, to deliver a pill to a patient. Houston's M.D. Anderson Hospital sometimes uses medication technicians, not R.N.s, to dispense drugs to patients after nurses have verified the dose. Says Connie Curran, vice president for health-care management and patient services at the American Hospital Association (AHA) in Chicago: "Hospitals that are using registered nurses to answer telephones and do an incredible amount of paper work should hire a secretary and use nurses to nurse."

Naturally, such a revamped job description means more responsibility—and more respect. Nurses are often the first to spot trouble, make sense of a patient's confusing symptoms or suggest a needed change in treatment. Yet acting on such observations has traditionally been the physician's purview. R.N.s must become full-fledged members of the team and be expected to engage in the medical give-and-take about patients' well-being. That role is never in doubt on the AIDS ward at Sherman Oaks Community Hospital, where doctors and nurses find themselves depending on one another to battle the deadly disease. Beth Israel Hospital in Boston has retained its reputation for first-rate care with an innovative program that gives each nurse primary responsibility for one or two patients.

Even so, nurses are not quite blameless in this crisis. If they want to be taken seriously in an era of high-tech medicine, they are going to have to get serious about educational norms and standardize training programs. Currently, students can choose to take an R.N. exam after completing courses that last from two to five years. And the pressure is on to expand less rigorous programs in order to produce more nurses. Says Paula Castonguay, a nurse recruiter at the University of Texas Medical Branch at Galveston: "It worries me that not only are we not going to have enough nurses, but the ones we get are going to be less qualified."

The medical community can no longer afford to chew up its nurses and spit them out. "The old attitude toward nurses—'work long, work late, work hard'—is just not going to attract people," says Debbie Davenport, a Los Angeles nurse. Agrees the AHA's Curran: "Nurses aren't content to be the housewives of the hospital anymore." Nor should they be. —*By Christine Gorman. Reported by Barbara Dolan/Chicago and Jeannie Ralston/New York*

Helping AIDS victim in a San Francisco hospice

Escalating demands: bustling nurses' station at North Miami hospital

Senator HARKIN. The next panel is Gloria S. Hope. Dr. Hope is the Director of the Division of Government Affairs of the American Nurses Association; and Dr. Towers, Program Coordinator and Clinician for the Adams County Migrant Health Program, in Pennsylvania; Dr. Barbara Ott, from the American Association of Critical Care Nurses; and Judy Miller, Senior Vice President for Nursing of the New England Deaconess Hospital, Boston, Massachusetts.

We welcome you all and your statements will be made a part of the record in their entirety. We will just go in order that I recognized you. Dr. Hope, welcome. It is good to see you and will you please procceed.

STATEMENTS OF GLORIA S. HOPE, R.N., DIRECTOR, DIVISION OF GOVERNMENT AFFAIRS, AMERICAN NURSES ASSOCIATION, KANSAS CITY, MO; JAN TOWERS, R.N., CRNP, PROGRAM COORDINATOR AND CLINICIAN, ADAMS COUNTY MIGRANT HEALTH PROGRAM, BIGGLERVILLE, PA; BARBARA OTT, R.N., CCRN, AMERICAN ASSOCIATION OF CRITICAL CARE NURSES, WASHINGTON, DC; AND JUDITH MILLER, R.N., SENIOR VICE PRESIDENT FOR NURSING, NEW ENGLAND DEACONESS HOSPITAL, BOSTON, MA, ON BEHALF OF THE AMERICAN ORGANIZATION OF NURSE EXECUTIVES

Dr. HOPE. Thank you.

I appear this morning on behalf of the association's 188,000 individual members to express our views on the very important topic which we have been hearing so much about this morning, the nursing shortage. And let me preface my remarks by commending you, Mr. Chairman, for convening this hearing to address this important issue, and to Senator Kennedy for introducing legislation that reauthorizes the various Federal programs supporting nursing.

In my remarks this morning, I would like to address both the reasons behind the crisis and some of the solutions that the American Nurses Association proposes to help resolve the nursing shortage, along with some specific comments on S. 2231.

The publicity surrounding the nursing shortage, as you have commented today, has been overwhelming. Communities across the country are reporting an ever increasing shortage of nurses and the outlook for the future indicates that the current situation will really only worsen.

We know from the American Hospital Association data that vacancy rates for full-time registered nurses currently exceeds 13 percent, and shortage rates are in specialty areas such as medical/surgical nursing, intensive care nursing, and those figures reportedly surpassed the figure of 13 percent that I indicated.

Clearly, then, these figures represent crisis proportions. In addition to being understaffed, registered nurses are providing care to patients whose security level is much higher than it has been in the past.

The nursing shortage, as we have heard today and will probably continue to hear from my other colleagues on the panel, are caused by a variety of factors. We view the primary reasons as dissatisfaction with the monetary rewards and the working conditions associated with nursing.

With respect to salary, it is not the starting salary for registered nurses in hospitals that is problematic. Many nurses do start in suburban areas and urban areas at approximately $20,000 a year. What is unfortunate, however, is that that salary will probably not exceed $30,000 within a period of 10 years. Consequently, there is salary compression, and it is not attracting candidates to the nursing profession.

Young women seeking careers are entering more lucrative professions. This factor is indeed at the root of the shortage, and until the salary issue is resolved and until nursing services are valued, we will find it difficult to recruit and retain a sufficient number of individuals into the profession of nursing.

We are aware that the Federal Government cannot legislate pay raises for registered nurses. However, we believe Congress can apply pressure on hospitals and nursing home administrators to increase salaries. Institutional providers must realize that a major solution to the shortage is to pay a more realistic salary to their nurse employees and to have a climate and eliminate wage compression.

The second major cause of the shortage involves the environment in which nurses must work. Working conditions are quite difficult, with nurses often treated poorly. Hospital administrators, physicians and nurses have an obligation to establish a suitable environment for nursing practice, and nursing should be involved in policy development and decisionmaking throughout the organization, a situation which rarely occurs at present, and there must be greater emphasis on respect and recognition of the value of nurses' work.

Studies have shown that effective nursing practice, when it is found in certain conditions and the environment does foster professional growth and development, in those settings there are adequate nurses.

Nurses need to have a greater say over their practice, and I certainly agree with my colleagues who have spoken before us, and to be more involved in overall patient care.

Mr. Chairman, although my remarks have identified some of the problems and potential resolutions, they can only be resolved in the marketplace, another area in which Congress can have a substantial positive impact, is to reauthorize the Nursing Education Act, and we are heartened to see the strong commitment to nursing education demonstrated in S. 2231, Senator Kennedy's bill to reauthorize the Nursing Education Act.

The programs funded in this bill will go a long way to increase the overall numbers of registered nurses and to facilitate the educational opportunities provided to nursing students. The bill provides adequate funding for existing programs and advanced nursing education, and we are pleased to note that the bill also focuses on undergraduate nursing education, nursing practitioners and special projects.

Clearly, the shortage is most acute at the bedside. By directing funding to students, particularly minorities and disadvantaged, Congress will help insure that monies are more efficiently utilized to increase the number.

We believe that S. 2231 represents a positive and a forceful commitment to nursing education. The increased funding levels provid-

ed by the bill reflect a reasonable parallel, the need for increased nursing personnel and a corresponding increase in the educational opportunities for nursing students.

The bill's cosponsors are the be applauded for their commitment to resolving this crisis and we thank you.

[The prepared statement of Dr. Hope follows:]

AMERICAN NURSES' ASSOCIATION

WASHINGTON, D.C.

TESTIMONY

OF THE

AMERICAN NURSES' ASSOCIATION

ON THE

NURSE EDUCATION ACT

Before the

SENATE LABOR AND HUMAN RESOURCES COMMITTEE

PRESENTED

BY

GLORIA S. HOPE, Ph.D., R.N.,

DIRECTOR
DIVISION OF GOVERNMENTAL AFFAIRS

APRIL 14, 1988

1101 14th STREET, N.W., SUITE 200, WASHINGTON, D.C. 20005 — 202-789-1800

Mr. Chairman, I am Dr. Gloria Hope, Director of the Division of Governmental Affairs of the American Nurses' Association (ANA). I am pleased to appear today on behalf of the 188,000 members of our constituent state associations to express our views on S.2231, the reauthorization of the Nurse Education Act (NEA). As the largest nursing organization in the country, we find consideration of this legislation timely in light of the severe nursing shortage currently facing our country. We are pleased to see such a strong level of support for nursing education demonstrated by the provisions enumerated in the legislation. Mr. Chairman, you and the bill's sponsor, Senator Edward Kennedy (D-MA), as well as the cosponsors of S.2231, are to be commended for demonstrating such a substantial commitment to addressing the nursing shortage through this legislation.

Background

Since the last reauthorization of the NEA in 1985, nursing demographics have shifted dramatically to create a severe shortage of registered nurses (RNs) educated at the undergraduate level. In 1985, Congress, in response to a report by the Institute of Medicine, placed greater emphasis on graduate nursing education to fill shortage areas in nursing administration, nursing eduction, and nursing research, along with an emphasis on the education of nurse practitioners, nurse midwives, and nurse anesthetists.

In just three short years, however, the health care delivery system has seen a rapid increase in nursing shortage areas. While there are still inadequate

numbers of advanced degree nurses, nurse practitioners, and clinical specialists, hospitals, are citing shortages of bedside staff nurses. According to a recent American Hospital Association (AHA) study, the shortage of staff nurses is a problem for more than 50 percent of all hospitals. The study showed that almost one fifth of the hospitals (18.8 percent) reported a severe shortage, and 35.5 percent indicated a moderate shortage. Of the hospitals responding, 13.6 percent of RN full-time equivalent positions were vacant, compared with 6.3 percent the previous year. Two-thirds (66 percent) of the hospitals reported that they needed more than 60 days to fill RN vacancies in medical/surgical areas, operating rooms, emergency rooms and psychiatric nursing areas, and nearly 90 percent of the hospitals reported needing 60 days to fill intensive care nursing positions. The survey concluded that there are approximately 138,000 budgeted unfilled RN vacancies in this country. (AHA Report of the Hospital Nursing Personnel Survey 1987).

There are additional studies which focus on the shortage which we would be pleased to provide to the committee. We have found, however, that the nursing shortage is accepted as a given fact, and that the discussion tends to focus on why the shortage exists, and what can be done to help alleviate it.

Causes of the Shortage

The nursing shortage stems from a variety of factors. Dramatic changes in the attitudes, values, and aspirations of young women, who formerly represented the potential recruitment pool for nursing; a demographically driven decline in the number of people entering college; changes in the way in which health care is delivered and paid for; changing roles within the health services sector; modest financial rewards compared with nurses responsibilities; limited authority for

the clinical practice of nursing; little involvement in hospital management decisions regarding the provision of nursing care; and lack of essential support services all contribute to the severity of the shortage.

Another cause of the shortage involves the implementation of the prospective payment system (PPS), which has effectively raised the acuity levels of hospital patients. Delayed admissions for acute care services place additional demands on facilities' nursing staff. In addition, many hospitals have responded to the new budgetary pressures by reducing support staff. In many facilities, clerical staff and housekeeping personnel were laid-off in order to reduce expenditures. Often their responsibilities were shifted to the nursing personnel, making the RN's responsibilities that much greater.

With the shift of patient care from the inpatient to the outpatient setting, RNs are beginning to find more career opportunities outside the hospital. Home health care services have increased dramatically since implementation of PPS. Because home care is primarily nursing care, new job opportunities have become available for RNs. In addition, the development of Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and other health care delivery organizations have created new opportunities for nurses. Clearly, the situation enjoyed by hospitals in the past is being eroded by the multitude of potential employers of nurses.

Possibly the major deterrent in pursing a career in nursing is that wages and benefits are inadequate. Because more than 96 percent of all nurses are women, their services have been undervalued. In addition, nursing salaries are "compressed" making the difference between entry-level salaries and maximum

salaries minimal. This wage compression is demonstrated by the fact that the average staff nurse's peak earning power is reached within 5-7 years of entering the job market. The nature of this compressed salary range can encourage individual nurses to leave the bedside for more lucrative administrative positions, thereby exacerbating the shortage.

When considering nurses' salaries, one must consider that women are no longer relegated to traditional occupations such as teaching, homemaking, nursing, or working in a library. In our society, women today are encouraged to pursue any career path they desire. Certainly, when a prospective college-bound student compares the salaries of engineering and law school graduates with that of an RN, and examines potential earnings, the monetary rewards of the other professions far exceed those of the average nurse. While we are aware that Congress cannot mandate a pay raise for nurses, it can help to create an environment where pay is commensurate with responsibility and service. Until nurses are paid commensurate with their level of responsibility, education, and experience; the shortage will not subside.

Salaries and benefits for nurses must be commensurate with their level of responsibility, education, experience, and performance. Without such recognition, the nursing crisis will only be exacerbated. While many will argue that salary is not the primary reason for the shortage, we believe it is obvious that salaries must be increased in order to deal with this problem. For individuals choosing a career, salary is an important consideration. Unless the undervaluing of nursing is addressed quickly and effectively by employers, this trend will only worsen.

89-339 O - 88 - 4

Addressing the Shortage

Regrettably, there is little the federal government can directly do about nursing salaries. The prospective payment system, in which hospitals are paid a lump sum for care for one or more diagnostic related groups, does not lend itself to changes that would put money directly into the pockets of employees. However, the Congress should begin to put pressure on hospital administrators to raise salaries. While we may hope that the market will cause an increase in salaries, this has not occurred during previous shortages. Hospitals and other institutions must realize that a major solution to the shortage problem is to pay a more realistic salary to their nurse employees.

Other obvious factors such as working nights and weekends impact upon the shortage. Indeed, the shortage, in effect, feeds itself. Hospital reliance on temporary nurse staffing agencies may induce staff nurses to seek employment with these agencies. The ability to work more flexible hours and receive better pay can lure an overworked, underpaid staff nurse from the hospital, only to return to the same familiar environment as an employee of a temporary agency, but with compensation.

The nursing shortage impacts upon all segments of the health care industry. Certainly, nurses currently employed in the hospital environment are feeling the burden of understaffed units. Increases in workload and more frequent crises increase job dissatisfaction. Most significantly, these working conditions can impair the level of quality provided to patients in the facility.

Hospitals also suffer at the hands of the nursing shortage. In some cases, hospitals are unable to admit patients to units experiencing shortages, such as

critical care. Inefficient or inappropriate use of resources are encouraged due to insufficient staffing. Sometimes, hospitals must fill ICU beds with medical/surgical patients due to inadequate numbers of medical/surgical staff nurses. Ultimately, the nursing shortage may force some hospitals, or individual units in some facilities, to close altogether.

As the second major cause of the shortage involves the environment in which nurses must work, hospital administrators, physicians, and nurses have an obligation to establish a more suitable environment for nursing practice. Nursing should be involved in policy development and decision-making throughout an organization, a situation which rarely occurs at present. There must be a greater emphasis on respect for and recognition of the value of nurses' work. Studies have shown that effective nursing practice is found where conditions of employment foster professional growth and development. Approaches such as flexible work hours, appropriate staffing patterns, career advancement patterns, and recognition for achievement should be explored. Nurses must have a greater say over their own practice, and be more involved in overall patient care.

Again, the solution to the goal of enhancing the work environment for nurses does not lie entirely with the federal government. We ask that the committee send a clear signal to the hospital and nursing home industries that such a change is essential if the crisis is to be rectified. Institutional providers must begin to understand that the federal government is keeping a close check on their efforts to combat the nursing shortage. Failures to enhance salaries and upgrade working conditions may need to be met by Congressional action, such as the promise of increased regulation to correct such actions.

The most troublesome aspect of the nursing shortage is its effect upon the elderly. Individuals 65 years old and older constitute the largest age group occupying acute care hospital beds. The shortage of nursing staff jeopardizes that care, and places them at an increased risk. Further, the post-acute care that the elderly require, which is virtually all nursing care, is being eliminated due to shortened hospital stays. Nurses are no longer provided sufficient time in which to prepare individuals for discharge, educate them and their families regarding outpatient needs and services, and coordinate home health services.

While hospitals receive the majority of attention surrounding this issue, nursing homes must also be examined for adequate staffing levels. The nursing home reform legislation enacted by Congress last December will mandate that, barring state waivers, all nursing homes employ the services of an RN for at least 8 hours per day, and a licensed practical nurse (LPN) the rest of the time. This mandate, while a significant step towards ensuring an adequate level of nursing care in these facilities, may be difficult to realize due to the fact that the salaries of RNs in nursing homes averages 15-25 percent less than their counterparts in hospitals, and working conditions are more difficult. Only major increases in compensation by nursing homes for RN salaries will correct this situation. If the industry continue its unwillingness to offer competitive salaries to nurses, the shortage of nurses in nursing homes may reach crisis proportions.

No discussion of the nursing shortage is complete without recognizing the negative public image nursing endures. Portrayed as handmaidens to physicians by the media, potential nurses are dissuaded from pursuing a career in nursing.

Nursing requires intelligence, skill, and ability in order to succeed. Educated as autonomous health care practitioners, nurses are often relegated to services whose value is perceived as minimal. Both hospitals and consumers must begin to realize that nurses and the body of knowledge called nursing are valuable, marketable skills and services. The expansion of nursing's scope of practice would serve to provide potential nurses with a unique professional identity to which they could aspire. Several hospitals, most notably Boston's Beth Israel Hospital, have taken the lead in establishing collaborative practice where physicians and nurses work as a team instead of as master and servant. Not surprisingly, Beth Israel has a waiting list of nursing job applicants.

S. 2241

Mr. Chairman, the ANA believes that S.2241 represents a prudent and effective allocation of federal resources for nursing education. The funding levels provided in the legislation represent a realistic perception of the nursing needs of our country. We appreciate Senator Kennedy's willingness to recognize the fact that the federal government must increase its financial commitment to nursing education.

The recruitment provisions of the bill included under Special Projects authority regarding the upgrading of skills of LPNs and other paraprofessional nursing personnel to achieve an undergraduate degree in nursing are to be applauded. As the demand for LPN services has declined, this provision will help to ensure that the valuable services of these LPNs are retained and enhanced by further education. This title also provides funding for promoting the education of nurses who have elected to pursue studies in certain specialty areas of nursing such as gerontology and intensive care nursing. Further, funding for

special projects that would increase the supply of nurses in rural and other undeserved geographic areas is provided for. S.2231 offers $15 million towards the development of these projects, and such finding will go a long way to both increase the overall supply of nursing personnel and target those shortage areas that need the greatest attention.

We are pleased to note that the bill retains funding for Advanced Nurse Education. While the shortage of RNs is currently most critical at the bedside, we must not lose sight of the fact that nurse educators, administrators and researchers provide that vital link between the education and utilization of nursing personnel. If we are to increase the overall supply of practitioners, we must also provide a commitment to supporting those individuals who provide the academic and clinical training to these students.

Similarly, the increase alloted to programs designed to increase the numbers of nurse practitioners and nurse midwives embodied in Section 103 of the bill recognizes the critical importance of these specialties. This is particularly important in light of changes made last year by Congress that will reimburse nurse midwives under Medicare. Nurse practitioners and midwives provide primary care to many underserved populations, and the programs funded by S.2231 will have a significant impact on the realization of these trends.

Section 104 of the bill includes most of the provisions of S. 1402, the "Nursing Shortage Relief Act," which passed the Senate last year. These provisions provide for nursing shortage relief programs that will further federal efforts to attract more individuals into the profession of nursing, and to develop nursing care in long term care facilities. Long-term care institutions

suffer severe shortages of RNs, and any effort to improve the level of nursing care in these facilities is to be commended. The affiliation with a collegiate school of nursing will help to raise the level of nursing care in these facilities. The recruitment centers provided for in this section represent an affirmative step towards identifying those potential nursing students at a point in the educational process when they are making career choices. Three provisions will help to more accurately determine future nursing needs and assess the nature of future programs to both recruit and retain individuals in the profession.

The support provided for under Title II of the bill for traineeships and scholarships for nursing students participating in either master's or doctoral programs recognizes the advancements made in the nursing sciences over the past several years. Great advances in nursing education, research and administration have brought nursing services into ever expanding roles with increasingly complex responsibilities. Funding in this section of the bill will be used to investigate cost-effective alternatives to traditional health care practices and hopefully help refocus our attention on more beneficial health promotion activities.

Finally, Section 832 of the bill funds scholarships for undergraduate nursing education with an emphasis on assisting individuals from disadvantaged backgrounds. Much of the reason for the current shortage is the decline in undergraduate admissions to nursing schools. Between 1983 and 1986, the number of RN graduates dropped by approximately 23 percent. Between 1985 and 1986, the number of basic nursing programs available to students declined by an additional 12 percent. Nursing must be made an attractive career choice for college-bound

students in order to fulfill the unmet demands of health care institutions. This section represents a critical addition to the NEA, kand will doubtlessly aid the recruitment of more young people into undergraduate nursing programs.

This section of the bill is also an important step towards attracting minorities into professional nursing. Minorities are greatly under represented in the overall RN population. Section 832 programs and funding will help to ensure that minorities as well as others will have an equitable opportunity to receive federal support for a nursing education.

Conclusion

S.2231 represents a substantial and forceful commitment to nursing education. We are especially heartened to see the parallel between the advancements in nursing sciences and the bill's commitment to support these goals. Senator Kennedy is to be applauded for his diligent efforts towards identifying those areas needing greater support, and providing adequate and innovative funding in those areas. To the extent that Congress can impact directly upon the nursing shortage with respect to eduction, S.2231 represents the single most positive effort to date.

Senator HARKIN. Thank you, Dr. Hope.

Dr. Towers?

Dr. TOWERS. My name is Jan Towers. I am here in behalf of the American Academy of Nurse Practitioners and the National Alliance of Nurse Practitioners, which is composed of 11 national nurse practitioner organizations of which the Academy is a member. I would add that I am a program coordinator and a clinician in a primary care clinic that serves migrant health workers in Central Pennsylvania.

I am here on behalf of those groups to endorse the title VIII authorization proposed by Senator Kennedy in S. 2231. The need to fund nursing education programs is more imperative at this time than it has been in many years. Not only in light of the current nursing shortage, but in light of the future health needs of the population of this country.

By the year 2000, the percentages of the population most in need of health care, that is, the poor and the elderly, will have increased substantially. It is estimated that the elderly population alone will comprise 13 percent of the total population.

Current estimates identify the poverty rates among the elderly at 12 percent, those age 85 and over having double the rate as those age 65 to 74. Another 17 percent have been estimated to be among the near poor. The rates among minority population are the highest. In addition, it has been estimated that 20 percent of the children in this country are poor. In this vein, funding needs exist for both entry and advanced level nursing education programs if there is to be any impact on health care for the above population both now and in the future.

There are no quick cures for the shortage problem facing the nursing profession. Nurse practitioners view with great concern the potential shrinking of the pool which produces candidates for much needed advanced practice roles.

At the current time, the demand for nurse practitioners outstrips their availability at a rate greater than 2-to-1. As increased emphasis is placed on the provision of quality cost-effective health care to all people in this country, the demand for health care providers such as nurse practitioners must increase if any attempt to provide health care at more cost effective levels is to be made.

Over 400 studies have been conducted to evaluate the quality of care provided by nurse practitioners. Many of those studies have examined the issue of cost effectiveness as it relates to nurse practitioner practice. Preliminary data from the national survey conducted by the National Academy of Nurse Practitioners indicate that nurse practitioner charges for services are significantly lower than those charged by physicians in their settings, 25 percent lower for first visits, 21 percent for regular visits.

Studies demonstrating similar findings are listed in the attached bibliography. Cost savings measured through the reduction of patient hospital days among patients in practice settings using nurse practitioners have also been demonstrated in these studies. Record and Denton, in their investigations, calculate savings of $300 million to $1 billion per year if nurse practitioners were used to provide the services they are qualified to provide.

Add to this the reduced cost for preparing nurse practitioners, 76 percent less than physicians and 14 percent less than physician assistants, and one can only conclude that the proposed legislative investment in the preparation of nurse practitioners is a good one. Indeed, one may even speculate that perhaps a larger sum should be allotted in the face of these returns.

Nurses and nurse practitioners are particularly well prepared to serve the underserved and the indigent. Large segments of our nursing curriculums are devoted to helping students to understand and implement care in settings and among patients and clients with limited resources, both financial and otherwise.

The majority of nurse practitioners work for some, if not all their professional lives among the poor and the underserved. In the previously mentioned survey of the American Academy of Nurse Practitioners, an average of 65 percent of the patients seen by family, pediatric and women's health nurse practitioners have annual incomes of less than $15,000 per year. Gerontologic nurse practitioners report that 81 percent of the people they see are in that income bracket.

Nurses do not need to be forced into these roles, nor do they need large financial incentives to keep them there. They do need to have the ability to practice in a manner fitting their advanced education and an equal opportunity to receive direct reimbursement for their services, however. And this is another area we would like the Committee to help us with.

Based on this data, we conclude that the funding level and the programs to be funded in this bill are necessary if any attempt is to be made to deal constructively with the current and future health care needs of the people of this country as well as the shortage of nurse manpower both now and in the future.

We would encourage you to maintain the currently proposed $94 million budget and its accompanying programs as described in the bill. We would also encourage you to expand the health manpower shortage payback facilities to as broad a range of settings as possible in order to assist much needed nurse practitioners to enter the field as painlessly as possible.

We thank you for your efforts in our behalf in the past and in the future.

[The prepared statement of Dr. Towers follows:]

AMERICAN ACADEMY OF NURSE PRACTITIONERS
179 PRINCETON BLVD. LOWELL, MA 01851 617 937-7343

TESTIMONY ON TITLE VIII
THE NURSE EDUCATION ACT

Presented by the
AMERICAN ACADEMY OF NURSE PRACTITIONERS

Jane F. Towers, Ph.D., CRNP

My name is Jan Towers. I am here in behalf of the American Academy of Nurse Practitioners and the National Alliance of Nurse Practitioners, which is composed of eleven national nurse practitioner organizations of which the Academy is a member. I am here on the behalf of these groups to endorse the Title VIII authorization proposed by Senator Kennedy in Senate Bill 2231.

The need to fund Nursing Education programs is more imperative at this time than it has been in many years. Not only in light of the current nursing shortage, but in light of the future health needs of the population of this country. By the year 2000 the percentages of the population most in need of health care ie. the poor and the elderly, will have increased substantially. It is estimated that the elderly population alone will comprise thirteen percent of the total population(1). Current estimates identify the poverty rates among the elderly at twelve percent, those age 85 and over having double the rate (21%) as those age 65 to 74.(1) Another seventeen percent have been estimated to be among the near poor(1). The rates among minority populations are the highest. In addition, it has been estimated that twenty percent of the children in this country are poor(1).
In this vein ,funding needs exist for both entry and advanced level nursing education programs if there is to be any impact on health care for the above population both now and in the future.

There are no quick cures for the shortage problem facing

the nursing profession. Nurse practitioners view with great concern the potential shrinking of the pool which produces candidates for much needed advanced practice roles.

At the current time, the demand for nurse practitioners outstrips their availability at a rate greater than two to one. As increased emphasis is placed on the provision of quality cost effective health care to all people in this country, the demand for health care providers such as nurse practitioners must increase if any attempt to provide health care at more cost effective levels is to be made.

Over 400 studies have been conducted to evaluate the quality of care provided by nurse practitioners. Many of those studies have examined the issue of cost effectiveness as it relates to nurse practitioner practice. Preliminary data from the national survey conducted by the American Academy of Nurse Practitioners indicate that nurse practitioner charges for services are significantly lower than those charged by physicians in their settings (25% lower for first visits, 21% for regular visits)(2). Studies demonstrating similar findings are listed in the attached bibliography. Cost savings measured through the reduction of patient hospital days among patients in practice settings using nurse practitioners have also been demonstrated in these studies (3). Record (4) and Denton (5) in their investigations, calculate savings of $300,000,000 to $1,000,000,000 per year if nurse practitioners were used to provide the services they are qualified to provide. Add to

this the reduced cost for preparing nurse practitioners (76% less than physicians and 14% less than physician assistants (6) and one can only conclude that the proposed legislative investment in the preparation of nurse practitioners is a good one. Indeed, one may even speculate that perhaps a larger sum should be allotted in the face of these returns.

Nurses and nurse practitioners are particularly well prepared to serve the underserved and the indigent. Large segments of our nursing curriculums are devoted to helping students to understand and implement care in settings and among patients and clients with limited resources-financial and otherwise. The majority of nurse practitioners work for some, if not all their professional lives among the poor and underserved. In the previously mentioned survey of the American Academy of Nurse Practitioners an average of 65% of the patients seen by Family, Pediatric and Womens Health Nurse Practitioners have annual incomes of less than $15,000 per year. Gerontologic Nurse Practitioners report that 81% of the people they see are in that income bracket.(2)

Nurses don't need to be forced into these roles, nor do they need large financial incentives to keep them there. They do need to have the ability to practice in a manner fitting their advanced education and an equal opportunity to receive direct reimbursement for their services, however.

Based on this data we conclude that the funding level and the programs to be funded in this bill are necessary if any attempt is to be made to deal constructively with the

current and future health care needs of the people of this country as well as the shortage of nurse manpower both now and in the future.

We would encourage you to maintain the currently proposed $94,000,000 budget and its accompanying programs as described in the bill. We would also encourage you to expand the health manpower shortage payback facilities to as broad a range of settings as possible in order to assist such needed nurse practitioners to enter the field as painlessly as possible. We thank you for your efforts in our behalf in the past and in the future.

References

1. Physician Payment Review Commission, Medicare Physician Payment: An Agenda for Reform. Washington D. C.: March,1987

2. Towers, J. American Academy of Nurse Practitioners National Nurse Practitioner Survey. Unpublished report: April 1988.

3. Runyan, J.W."The Memphis Chronic Disease Program: Comparisons in Outcome and the Nurse's Extended Role". Journal of the American Medical Association 231(3):264-267, 1974

4.Record, J.C.(Ed) Provided Requirements, Cost Savings and the New Health Practitioner in Primary Care: National Estimate for 1990. Contract 231-77-0077 Washington D.C.: Department of Health Education and Welfare, 1979

5. Denton, F.T. et al, "Potential Savings from the Adoption of Nurse Practitioner Technology in the Canadian Health Care System", Socio-Economic Plan Sci. 17(4):199-209, 1983

6. Office of Technology Assessment, Health Technology Case Study 37. Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis

Bibliography

Griffith, H.M. "Implementation of Direct Third Party Reimbursement Legislation for Nursing Services" Nursing Economics, 4(6):301-302, 1986

Griffith, H. M. "Strategies for Direct Third Party Reimbursement for Nurses" American Journal of Nursing,82(3): 408-411

Johnson, Jean "The Champus Hoopla...or Where Have All the NP's Gone" Nurse Practitioner, 7(6):8-9, 1982

Kendrick, Valen "Nurse Practitioner in a VNA" Adm Journal of Nursing July: 1362 , 1981

Office of Technology Assessment, Health Technology Case Study 37, Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis, Washington D.C.:Congress of the United States, 1986

Record, J.C.(Ed). Procided Requirements, Cost Savings and the New Health Practitioner in Primary Care: National Estimate for 1990, Contract 231-77-0077. Washington D.C. Department of Health, Education and Welfare, 1979

Robyn, Dorothy et al, "National Health Insurance and the New Health Occupations: Nurse Prtactitioners and Physicians Assistants" Journal of Health Politics, Policy and Law, 5(3): 448-451, 1930

Runyan, J. W. "The Memphis Chronic Disease Program: Comparisions in Outcome and the NUrse's Extended Role" Journal of the American Medical Association, 231(3):264-267, 1975

Writson, Sara, "Nurse Practitioner Reimbursement" Journal of Health Politics, Policy and Law, 7(6) 444-446

Senator HARKIN. Thank you very much, Dr. Towers.

Dr. Ott?

Dr. OTT. Mr. Chairman, I am Barbara Ott. I would like to thank you on behalf of the 58,000 members of the American Association of Critical-Care Nurses for this opportunity to address the nursing crisis.

Almost everyone agrees that the nursing shortage exists. There is even agreement about its cause, lack of prestige and control of nursing practice, low salaries and the unfortunate decreased enrollment in nursing programs.

The Nurse Training Act of 1964 was the recognition that the education of nurses was essential to the public welfare in peacetime. It has been predicted that by the year 2000 hospitals will be one large intensive care unit, while the U.S.A. will face a shortage of 390,000 registered nurses.

The advances in technology and other developments such as organ transplantation have escalated the need for the services of critical-care nurses. Home health agencies are recruiting nurses with critical-care experience to care for sick patients in the home.

The American Hospital Association's report of the hospital nursing personnel survey of 1987 states that 80 percent of the hospitals which recruit nurses for critical care require 90 or more days to secure this nursing staff.

Without an adequate supply of qualified nurses, the trend towards substitution of poorly trained non-nurse technicians for professional nurses will increase. Technicians can perform some physical tasks, but they cannot practice nursing. Substitution of the non-nurse technician is dangerous. Quality care cannot be assured.

The professional critical-care nurse provides comprehensive quality care. The increasing sophistication of nursing science and nursing research has influenced the complexity of nursing care. In the critical care nursing, collaborative research is being conducted to determine appropriate procedures for the critically ill.

In the past, the response to the shortage has been to require nurses to work harder or to do more with less. However, it does not resolve the imbalance between patient needs and nursing resources.

Both the hospital and nursing home industry have acknowledged that nurses deserve more pay but unanimously state that they are unable to reimburse nurses. The starting salary for a hospital staff nurse averages $20,340. The average maximum salary, after 10 years experience, is $27,744. Neither is attractive enough for recruitment, nor competitive enough for retention of experienced nurses.

We in AACN believe that to solve the nursing shortage problem (1) nurses should be involved in all aspects of decision-making in health care institutions that relate to patient care; (2) the nursing practice environment should be conducive to collaboration among all members of the health care team; and (3) salaries for nurses should be commensurate with levels of responsibility and experience.

The critical-care nursing shortage is resulting in mandatory overtime. This leads to increased stress and resignations and closure of critical-care beds. In my practice in Abilene, Texas, last

summer I worked in a 200-bed hospital and their 25-bed critical care unit. This 25-bed unit was only staffed for 18 patients. Recently, the unit was reduced to 16 patients, even with staff overtime of 156 hours.

Such practices, while increasing quality of care to those few patients, limited access to care. AACN's program to enhance recruitment and retention of critical care nurses includes a study to establish a data base on manpower in critical care to substantiate and quantify the nursing shortage, a task force to evaluate compensation and delivery of care, a large media campaign to accent critical-care nursing to various audience, career programs for all levels of students.

We urge you to support the reauthorization of the Nurse Education Act. Federal funds for nursing education will assist in attracting bright, imaginative students into the profession of nursing.

AACN endorses S. 2231 as it incorporates the provisions of S. 1402, which contain nursing shortage relief programs. Critical-care nurses are on the front in delivering quality health care, combining skill and education with caring and understanding. AACN, through its 58,000 members and over 227 chapters, is committed to assisting you in your legislative efforts to resolve the nursing crisis.

Thank you for the opportunity to appear on this noted panel. Together, we can have a positive influence on the quality of health care delivered to the American people.

Thank you.

[The prepared statement of Dr. Ott follows:]

AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES

TESTIMONY

OF THE

AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES

ON THE

NURSE EDUCATION ACT

BEFORE THE

SENATE LABOR AND HUMAN AND RESOURCES COMMITTEE

BY

BARBARA OTT, R.N., Ph.D., CCRN

OF THE

AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES

APRIL 14, 1988

One Civic Plaza, Newport Beach, California 92660 • 714 644 9310 • FAX 714 640 4903 • TLX 296937 AACN UR

Mr. Chairman, I am Barbara Ott, a member of the American Association of Critical-Care Nurses' (AACN) Health Policy and Legislative Committee. I am an Assistant Professor of Nursing at George Mason University. I would like to thank you on behalf of the 58,000 members of AACN for this opportunity to address the reauthorization of the Nurse Education Act.

I am pleased to present this testimony as AACN is the largest nursing specialty association in the world. We are deeply concerned about the recruitment and retention of critical care nurses.

AACN believes this hearing reflects an ever increasing perception of nursing's critical participation and relationship to the health care industry's ability to provide health care to the nation. Recent television, radio and newspaper reports tend to demonstrate that the public, media, physicians, most health officials and even industry administrators agree that a critical nursing shortage exists. There is even agreement about its cause: lack of prestige and control of nursing practice, low salaries, and the unfortunate decreased enrollment in nursing programs.

The latter has been spurred by increased career opportunities for women. Nursing still remains a profession dominated by women, only 3% of nurses are males. Several universities have closed their nursing schools. Counselors and parents are steering bright articulate high achievers into medicine, law and engineering rather than nursing.

Background

The Nurse Training Act of 1964 was the recognition that the education of nurses was essential to the public welfare in peacetime. President John Kennedy, cited to Congress in February of 1963 that the shortage of trained health

personnel was one of the most critical problems facing the nation. The legislation drafted by President Lyndon Johnson was passed without debate.

That mandate has been reauthorized continuously since that time because of the continued support of Congress and the nursing community. The education of nurses has remained a concern because of continuing shortages of nurses in rural and inner-city areas.

However, that shortage has escalated and spread throughout the country. These hearings come at an appropriate time as the nation faces one of the most critical nursing shortages ever.

Impact of Nursing Shortage

Health care leaders have predicted that by the year 2000 the hospital of the future will be one large intensive care unit. The U.S. Department of Labor's Bureau of Labor Statistics (BLS) forecasts a faster than average growth in employment in the health care industry because of the growing aged population's health care needs. The Department of Health and Human Services (DHHS) also predicts that by 1990 the USA will face a shortage of 390,000 registered nurses.

The complexity of hospital-based medical procedures and equipment; the rapid growth of health maintenance organizations, urgent care centers, surgicenters, corporate wellness centers, and other outpatient facilities; and the needs of nursing homes and health programs will spur the predicted demand.

It is expected that the demand for critical-care nurses will increase because of Medicare's prospective payment system. Data currently indicate that almost all hospitals have critical-care units. Many are building new critical-care units or increasing the number of beds in existing units.

The American Hospital Association's (AHA) "Report of the Hospital Nursing Personnel Survey 1987" states that two-thirds of those hospitals (95%) which recruited nurses for medical-surgical staff positions needed 60 or more days to

fill those positions. Contrastingly, 80% of all hospitals were recruiting nurses for critical-care staff positions. The necessary time to fill such positions requires 90 or more days to secure nursing staff. Additionally, the report stated that examination of regional patterns revealed no area in which recruitment of critical-care nurses was favorable.

The AHA report included two tables demonstrating their examination of critical-care nurse recruitment for hospital positions. Table 7.1e details such staff position recruitment by hospital characteristics and degree of nursing shortage. Table 7.1f details the regional patterns which show degrees of difficulty in recruiting registered nurses for critical-care staff positions. (See Attachments I and II).

The advances in technology and other developments such as organ transplantation have escalated the need for the services of critical-care nurses. Additionally, as a result of technological advances and changes in medical payment systems, patients with increasingly difficult health care needs are being cared for outside traditional in-hospital settings. Home health agencies are recruiting nurses with critical-care experience to care for patients who are ventilator dependent, have subclavian or central line catheters and require parenteral nutrition support. BLS predicts more registered nurses will be required for technologically demanding but "generalist" responsibilities in the rapidly growing outpatient sector.

Without an adequate supply of nurses with the multifaceted requisite skills, we are concerned that the trend toward substitution of poorly trained non-nurse technicians for professional nurses will increase. It appears that hospitals are already hiring technicians at a robust pace. Although such technicians can perform some physical tasks, they cannot practice nursing, which means patients will not receive the benefits from quality care provided by the multifaceted professional nurse. We believe that substitution of the non-nurse technician is

dangerous. The consumer cannot be assured of receiving quality care when non-nurse technicians are utilized.

The professional critical-care nurse provides comprehensive quality care. On an almost hourly basis, critical-care nurses make life saving decisions and provide interventions based on their assessment of the total patient and his health care needs. Additional skills of the critical-care nurse include the ability to work with the family as they respond to this complex environment. Increasing reliance on technicians, who provide substitute care for nurses, can only result in fragmented care, delayed decision making, costly and compromised patient care.

The undeniable increase in patient acuity that is seen in the inpatient setting creates a greater requirement for the knowledge and skills of professional critical-care nurses. In settings other than traditional critical care units, the demand for nurses with a knowledge of the myriad of patient problems resulting from complex technological support is great. Patients previously seen in critical-care units are now being cared for on general medical-surgical units.

Paralleling the impact of advances in medicine, the increasing sophistication of nursing science has also influenced the complexity of nursing care for many groups of patients. Consider, some examples, the changes in preoperative patient preparation once was limited to a povidone-iodine (Betadine) shower and perhaps a shave. Now preoperative preparation routinely consists of individualized teaching protocols that require greater nursing assessment, knowledge, skill, and time. As we elicit greater understanding and knowledge through nursing research, our nursing care becomes continuously more complex. In the past, most endotracheal suctioning research has been conducted on essentially healthy patients undergoing surgical procedures. Currently in critical-care nursing, collaborative research is being conducted at various sites to determine

the best endotracheal suctioning procedures to use on critically ill patients with head injuries, lung disease, as well as neonates. The nurse researchers predict that the patient's physiological impairments will determine which of several protocols will be used for endotracheal suctioning in the critically ill patient.

The trends and advances in nursing science, in combination with the greater numbers of elderly in our institutions, create a net result of more complex and intense patient needs. Many critical care nurses provide care to elderly patients. Data from the AACN Demonstration Project show that in a community hospital setting, the average age of the critical-care patient was 68. This data reflects trends throughout the country. In critical-care, we are caring for older patients whose reactions to the critical-care environment and technology are as yet unknown. The impact on nursing resources is profound. There is a demand for more intense nursing care although fewer resources are available.

Advances in science and technology have compounded the problem in that increasing complex treatment modalities have increased the demand for critical care nursing services. The recent advances in organ and tissue transplantation is just one example. Both recipients and donors of transplantation usually require critical-care nursing. Groups of patients who otherwise would not have required critical-care nursing assessment and interventions are now being cared for in critical-care units.

Industry Solutions

In the past, the predominant solution to a shortage has been to require the nursing staff to "word harder" or "do more with less." Currently, the concept of nursing productivity is being examined by many nurse administrators. However, increasing productivity and merely requiring critical-care nurses to work harder will not resolve the imbalance between patient needs and nursing resources.

Another solution is to offer bonuses to increase recruitment of nurses. However, this is only a short term or "band aid" approach. Once the nurse has received the bonus and satisfied work experience requirements, there is no incentive to remain. Another hospital with a more attractive and lucrative "carrot" will lure the nurse away and benefit from her experience. It has been reported that the costs of educating a critical-care nurse have been estimated at $10,000, therefore, hospitals must address the problem of retention as well as recruitment.

Both the hospital and nursing home industry have acknowledged that nurses deserve more pay but unanimously state that they are unable to reimburse nurses under the current prospective payment system. Despite Gramm-Rudman-Hollings, federal hospitals, such as the Veterans Administration (VA) and the National Institutes of Health, have recently increased the pay of nurses and are attempting to correct salary compression. The starting salary for a staff nurse employed by a hospital averages $20,340; the average maximum salary after ten years employment is $27,744. Given the skill, effort, responsibility, and working conditions of nurses, such compensation is neither attractive enough to lure new recruits, nor competitive enough to retain nurses with years of experience. Additionally, the VA has proposed day care for medical center employees, tuition reimbursement and incentive pay with mandated service time required to make the benefits of their employment more competitive.

The recruitment and retention of nurses at individual hospitals is only part of the problem. For the first time, almost 80% of all nurses are employed. As we have stated, declining student enrollment increases the problem. To increase the pool of nurses available for employment, those of us in the health care industry and nursing must work together to increase the opportunity for new recruits into the profession. An executive for a Minneapolis supplemental staffing agency said it best: "When you put an ad in the paper that says you're

willing to pay $22.50 an hour for CCRNs [Certified Critical-Care Nurses] and your phone doesn't ring, you know there's a shortage." (American Journal of Nursing, August 1986).

Professional Solutions

Studies of nursing practice and education provide some idea of the steps that need to be taken to reduce or eliminate the nursing shortage problem. Briefly, they are that: 1.) nursing should be involved in all aspects of decision making in health care institutions that relate to patient care issues; 2.) the nursing practice environment should be conducive to collaboration among all members of the health care team; 3.) salaries for nurses should be commensurate with levels of responsibility and experience. Unfortunately, little progress has been made to implement these key recommendations.

The difficulties of recruiting nurses into the profession and retaining nurses in critical-care have been identified by AACN as a major trend that adversely affects critical-care nursing practice and the quality of care delivered to the consumer.

AACN recognizes that career choices for today's young people are more diverse than ever before. Creative and innovative solutions must be found to make nursing an attractive and rewarding career choice.

The critical-care nursing shortage is resulting in mandatory overtime (leading to increased stress and resignations) and closure of critical care beds. In Abilene, Texas at a 200 bed hospital, a 25 bed critical-care unit was only staffed for 18 patient beds. Recently the unit was reduced to 16 patient beds. That reduction was necessary even with staff overtime of 156 hours or 15 shifts. As demonstrated in the KNAUS Study (1986), when adequate numbers of critical-care nurses are not available, hospitals are forced to close beds. While this study suggests that this practice can increase the quality of care, it may also limit

access to care.

A plan to alleviate one of the major issues affecting critical care nursing - retention and recruitment of nurses - was unveiled during AACN's 1987 National Teaching Institute.

"This year we are calling on all of AACN's 58,000 members and 227 chapters to help us in convincing the American public that critical-care nursing is the career choice for the future", said AACN President Jeanette Hartshorn.

"The difficulties of recruiting nurses into the profession and retaining nurses in critical-care has been identified by AACN as a major trend affecting critical care nursing practice", she said. The AACN Board of Directors adopted "Critical-Care Nursing: The Career Choice for the Future" as AACN's theme for FY 88.

AACN's program includes:

- A study to establish a data base on manpower in critical-care. Results of the study will provide data to substantiate and quantify the nursing shortage, help hospital administrators deal with the nursing shortage, and assist law makers as they consider legislation such as the Nurse Training [Education] Act.
- A task force to evaluate compensation and its relationship to the delivery of care.
- Theme posters, brochures, and videotape programs for members and chapters to use in discussing critical-care nursing with various audiences.
- Educational brochures, videotape programs, and posters to be available for high school and grade school students.

AACN believes we need to actively participate in recruitment in order to assure a future supply of nurses. Members of AACN's 227 chapters are distributing the recruitment and retention materials to elementary, junior high, and high schools,

as well as universities. Materials are also being displayed at career days in area shopping malls. Chapter representatives are also visiting schools in their area.

AACN's President has participated in numerous media interviews during the past year dedicated to bringing the facts about this critical situation to people across the nation. Our president has met with some fifty reporters in cities and towns ranging from New York, Chicago and San Francisco, to Cleveland, Miami and Nashville. The publicity appearing in these media, has resulted in our bringing this message to many millions of Americans.

Legislative Solutions

We urge you to support the reauthorization of the Nurse Education Act. AACN believes that key initiatives addressing the nursing shortage should be initiated by the nursing profession in consultation with leaders within the health care delivery systems. There are, however, important strategies that can be implemented only through legislation and/or health policy changes.

There are a number of legislative proposals currently under consideration by Congress that address the nursing shortages and/or the ability of the nursing profession to provide its services outside the hospital setting. AACN, therefore, urges you to support the following:

S. 2231

The "Nurse Education Reauthorization Act" sponsored by Senator Kennedy extends the Title VIII programs of the Public Health Service Act. Federal funds for nursing education will assist in attracting bright imaginative students into the profession of nursing.

AACN endorses S. 2231 as it incorporates the provisions of S. 1402. The bill includes the following provisions: special projects, which include monies

for faculty development, projects to encourage health promotion, disease prevention and occupational health care, and educational assistance for paraprofessional nurses to attain undergraduate nursing (RN) degrees; advanced nurse education; nurse practitioner and nurse midwife programs; nursing shortage relief programs similar to S. 1402, passed last year by the Senate; traineeships for advanced education for RNs; nurse anesthetist program; and undergraduate education programs, including scholarships. The bill provides for $94.1 million in Fiscal Year 1989 (FY 89), with increases in the two subsequent years.

The expansion of the NEA to cover undergraduate education programs and the increase in funding will do much to encourage students to choose nursing. It may also persuade parents and guidance counselors who have dissuaded students from nursing in the past and encouraged interest in other more lucrative disciplines.

S. 2231 incorporates many of the concerns AACN has addressed in its comprehensive program to recruit students into the specialty of critical-care nursing.

S. 1402

S. 1402, the "Nursing Shortage Reduction Act of 1987" was recently passed in the Senate. This legislation would provide $5 million to the Secretary of HHS to: 1.) establish an advisory committee to address the nursing shortage, 2.) provide funds for demonstration projects designed to improve long term care practice and 3.) provide funding for model professional nurse recruitment centers.

The Nursing Shortage Act of 1987 was a beginning step to confront the current nursing shortage. AACN recognizes, however, that nursing professionals and associations must actively develop additional solutions to positively influence recruitment into the profession.

A recent survey of students entering college indicated that they are

interested in careers associated with status, power and money. Obviously, nursing does not come to mind. Salaries should reflect the responsibility and education of the individual.

A patient is brought to the intensive care unit, where nurses provide care that supports the patient's life. The nurse is with the patient 24 hours a day, seven days a week, to monitor vital signs and responses.

Most physicians understand the importance of nurses and recognize that their surgical or medical skill would be useless if not for the constant assessment and intervention of the nurse. Critical-care nurses save and preserve life, but for a considerably smaller salary than physicians receive. Many patients who have experienced a critical illness are alive today, in no small part, to the care rendered by the critical-care nurse.

We must give equal time to the issues of retention and recruitment. Salaries and working conditions must be improved. No one is advocating six-figure salaries, but we are suggesting salaries that are more in line with the profession's responsibilities. Other conditions that should be addressed include adequate support services within the hospital setting, better benefits and greater involvement of nursing professionals in decision-making.

Conclusion

AACN believes that a recent study by the American Academy of Nursing and the American Hospital Association best articulates the following reasons for the shortage: financial rewards that are not commensurate with responsibility; opportunities for upward mobility are lacking; nurses have insufficient authority and autonomy; work demands are increasing because of rising severity of illness; and nurses do not participate in management decisions regarding practice standards and support services.

Critical-care nurses are on the front lines in delivering quality health

care, combining skill and education with caring and understanding. The current shortage of critical-care nurses is significant and will increase. Without our collaborative effort the identified solution cannot be developed or implemented. Your continued support of national, industry and professional efforts to correct the nursing shortage will be a positive step toward long-term solutions to the nursing shortage. The health care needs of the critically ill U.S. citizens will be best served by a rapid resolution to this shortage of critical-care nurses. AACN, through its 58,000 members and over 227 chapters is committed to assisting you in your legislative efforts.

Thank you for the opportunity to appear on this noted panel. Together, we can have a positive influence on the quality of health care delivered to the American consumer.

ATTACHMENT I

TABLE 7.1e*

Degree of Difficulty in Recruiting Registered Nurses for ICU/CCU Staff Positions: Hospital Characteristics and Degree of Nursing Shortage

Hospital Characteristic	Degree of Difficulty[a] 1	2	3	4
Location				
Rural	44.3	32.1	8.4	15.3
Urban (<1,000,000)	49.3	33.8	12.8	4.1
Urban (>1,000,000)	46.3	41.8	9.6	2.3
Financial Organization				
Government (non-federal)	38.7	33.3	10.0	18.0
Non-Profit	47.9	36.4	9.2	6.5
Investor Owned	52.5	32.2	13.6	1.7
Number of Inpatient Beds				
1-49	43.5	23.9	4.3	28.3
50-99	48.7	27.3	10.7	13.3
100-199	48.3	34.3	13.3	4.2
200-299	40.5	51.2	8.3	0.0
300-399	47.7	38.5	10.8	3.1
400-499	48.5	36.4	15.2	0.0
>500	40.9	54.5	4.5	0.0
Degree of Nursing Shortage				
None	31.3	38.3	15.6	14.8
Mild	34.1	41.9	11.6	12.4
Moderate	52.2	35.5	7.9	4.4
Severe	63.8	21.6	6.0	8.6

Note: All results are reported as percentages. Calculations were based on those hospitals who have ICU/CCUs positions.

[a]1 = Very difficult (> 90 days)
2 = Difficult (60-90 days)
3 = Not difficult (< 60 days)
4 - Have not recruited for this position

* The American Hospital Association's Report of the Hospital Nursing Personnel Survey 1987.

89-339 0 - 88 - 5

ATTACHMENT II

TABLE 7.1f*

Degree of Difficulty in Recruiting Registered Nurses for ICU/CCU Staff Positions: Regional Patterns

Region	Degree of Difficulty [a]			
	1	2	3	4
Region				
New England	43.2	40.5	16.2	0.0
Middle Atlantic	59.7	23.9	13.4	3.0
South Atlantic	48.0	41.0	9.0	2.0
East North Central	39.6	39.6	12.5	8.3
East South Central	20.4	49.0	18.4	12.2
West North Central	35.2	22.5	11.3	31.0
West South Central	54.7	33.3	2.7	9.3
Mountain	52.3	29.5	6.8	11.4
Pacific	56.2	38.4	2.7	2.7
TOTAL U.S.	46.1	35.3	9.8	8.8

Note: All results are reported as percentages. Calculations were based on those hospitals who have ICU/CCUs.

[a] 1 = Very difficult (> 90 days)
2 = Difficult (60-90 days)
3 = Not difficult (< 60 days)
4 = Have not recruited for this position

* The American Hospital Association's Report of the Hospital Nursing Personnel Survey 1987.

Senator HARKIN. Dr. Ott, thank you very much for your testimony.

Now, Judy Miller, Senior Vice President for Nursing, New England Deaconess Hospital.

Ms. MILLER. Thank you, Mr. Chairman.

I am Senior Vice President of the New England Deaconess Hospital, Boston, Massachusetts, and I am a member of the Board of Directors of the American Organization of Nurse Executives, the (AONE), which represents over 4,000 nurse executives from health care institutions across the United States.

On behalf of AONE's membership and its Board of Directors, I welcome the opportunity to testify before the Committee on Labor and Human Resources on the reauthorization of title VIII of the Public Health Service Act, known as the Nurse Education Act.

My testimony today will address three points: (1) the importance of Federal funding of nursing education, given the current nursing shortage; (2) AONE's recommendations for reauthorization of the Nurse Education Act; and (3) AONE's views on S. 2231.

This year is a particularly important one for Congress to examine the programs funded by the Nurse Education Act. Although there are more registered nurses (RNs) in the workforce than ever before, this Nation is in the midst of a severe nursing shortage of near crisis proportions.

According to the American Hospital Association's 1987 Hospital Nursing Personnel Survey, average hospital vacancy rates for registered nurses rose slightly between 1986 and 1987, to 11.3 percent nationally, and one-fourth of all hospitals report vacancy rates in excess of 15 percent. A primary contributing factor to the nursing shortage is that demand for RNs in an array of health care delivery systems far exceeds available supply. The increase in nurse-to-patient ratios is evidence of this increased demand. Nurse-to-patient ratios rose from 50 per 100 patients in 1972 to 91 per 100 patients in 1986.

Exacerbating the current shortage is that fewer persons are entering the nursing profession. According to the National League for Nursing, admissions to all basic RN programs declined 19 percent between 1983 and 1984 academic year and the 1985–86 academic year. Additional information from the League shows that more than 50,000 fewer enrollments in these same programs over the last three years, and 6 percent fewer graduations in the past year alone.

AONE has made nurse recruitment and retention a fundamental organizational priority. Initiatives undertaken by AONE include support of an on-going national data collection by the American Hospital Association to quantify the scope and impact of the shortage, technical assistance materials on recruitment and retention strategies to assist hospitals to respond effectively, and a national public relations campaign to improve the image of nursing and enhance its attractiveness as a career choice. I want to offer this Committee the expertise and information developed by the AONE as you proceed in your deliberations on nursing issues.

AONE believes the responsibility for RN recruitment and retention strategies extends beyond individual hospitals and the health care industry. The Federal Government can and must assume an

active role as well. Federal funding support for nursing schools and students fell from $150 million in 1973 to $56 million in 1988.

AONE believes that Congress must reassert its commitment to funding nursing education. Of course, adequate compensation—and I might add that in the Boston area that ranges for a staff nurse from $30,000 to $52,000 a year—but the adequate compensation, the work environment improvements, and special programs for recruitment and retention will clearly not be possible if hospitals are inadequately paid for delivering care.

AONE believes that the 1988 reauthorization of the Nurse Education Act provides an excellent opportunity to address some of the factors influencing the nursing shortage.

Senator Kennedy, this panel's distinguished Chairman, has introduced S. 2231, the Nurse Education Reauthorization Act of 1988. The bill authorizes an increase in funding from $56 million to $94 million in fiscal year 1989. In addition, the bill reauthorizes current programs for funding advanced nursing education, adds new programs for funding undergraduate nursing education and nursing shortage relief programs, and makes several important revisions to current law, particularly by providing assistance for currently trained personnel to advance their skills.

Overall, AONE supports S. 2231. We applaud Senator Kennedy and his cosponsors for recognizing that a substantial increase in nurse education funding is needed to mitigate the effect of the decline in this support over the past decade.

We especially support the provision in section 101, which places special emphasis on providing training and education to assist licensed practical nurses and other personnel obtain undergraduate nursing degrees. Targeted funds to support educational mobility opportunities for the 450,000 licensed practical nurses are needed as hospitals shift the skill mix of their nursing staffs in favor of registered nurses. In addition, eliminating the word "exceptional" from financial need in the student loan program would benefit middle-class students unable to afford the cost of nursing education.

Although AONE supports S. 2231, AONE would like to raise the following issues for consideration as the legislation moves forward:

(1) In light of declining enrollments into undergraduate programs of nursing, AONE would prefer a stronger emphasis on funding entry-level nursing education;

(2) AONE believes that contracts and grants for practice demonstrations should be provided to service settings as well so that the link between education and practice can be forged; and

(3) AONE is concerned that the innovative hospitals nursing practice models initiative contained in S. 1402 is not included in S. 2231. Two-thirds of all practicing nurses work in hospitals. In addition, the demand for RNs in hospitals has doubled in the last 10 years. In light of these facts and the documented shortage of nursing personnel in hospitals, AONE believes that these practice models are essential in any initiative reauthorizing title VIII.

AONE supports the passage of S. 2231 and believes that the 1988 reauthorization of the Nurse Education Act will assist in addressing factors critical to alleviating the critical shortage of nursing personnel.

We look forward to working with you and your colleagues in the passage of this important legislation. I would be happy to answer any questions.

Thank you.

[The prepared statement of Ms. Miller follows:]

89-339 O - 88 - 6

American Organization
of Nurse Executives

AHA

840 North Lake Shore Drive
Chicago, Illinois 60611
Telephone 312.280.6409

Statement

of the American Organization of Nurse Executives

Before the

Committee on Labor and Human Resources

of the

U.S. Senate

April 14, 1988

Mr. Chairman, my name is Judith Miller. I am Senior Vice President for Nursing at New England Deaconess Hospital and a member of the Board of Directors of the American Organization of Nurse Executives (AONE), which represents over 4,000 nurse executives from health care institutions across the United States. On behalf of AONE's membership and its Board of Directors, I welcome the opportunity to testify before the Committee on Labor and Human Resources on the reauthorization of Title VIII of the Public Health Service Act, known as the Nurse Education Act. My testimony today will address three points:

1) the importance of federal funding of nursing education given the current nursing shortage;
2) AONE's recommendations for reauthorization of the Nurse Education Act; and
3) AONE's views on S.2231.

The Impact of the Nursing Shortage

This year is a particularly important one for Congress to examine the programs funded by the Nurse Education Act. Although there are more registered nurses (RNs) in the workforce than ever before, this nation is in the midst of a severe nursing shortage of near crisis proportions. The most recent statistics regarding the scope of this nation's nursing shortage come from the American Hospital Association's 1987 Hospital Nursing Personnel Survey. According to this survey, average hospital vacancy rates for registered nurses rose slightly between 1986 and 1987, to 11.3% nationally, and one-fourth of all hospitals report vacancy rates in excess of 15 percent. A primary contributing factor to the nursing shortage is that demand for RNs

in an array of health care delivery systems far exceeds available supply. Hospital demand for RNs stem from increased payer incentives to economize. Fewer admissions and shorter lengths of stay mean that the average patient in the hospital is sicker now than in the past, and requires more, and more highly trained nurses to care for them. The increase in nurse-to-patient ratios is evidence of this increased demand. Nurse-to-patient ratios rose from 50 per 100 patients in 1972 to 91 per 100 patients in 1986.

Additionally, hospitals have responded to inpatient limits on lengths of stay and changing health care delivery patterns by diversifying services. The acute care hospital is but the center of a long health care continuum that includes ambulatory care centers, surgery clinics, and health maintenance organizations on one end, and long-term care facilities and home health agencies on the other. RNs are sorely needed in all settings for the delivery of quality and cost-effective health care to meet the needs of this nation's citizens.

Exacerbating the current shortage is that fewer persons are entering the nursing profession. According to the National League for Nursing, admissions to all basic RN programs declined 19% between the 1983-84 academic year and the 1985-86 academic year. Additional information from the League shows more than 50,000 fewer enrollments in these same programs over the last three years, and 6% fewer graduations in the past year alone.

AONE recognizes that a shortage of registered nurses is not only a problem for its membership but also a challenge that may adversely affect the quality of health care delivered to the American public. With this in mind, AONE has made nurse recruitment and retention a fundamental organizational priority.

Initiatives undertaken by AONE include support of an ongoing national data collection by the American Hospital Association to quantify the scope and impact of the shortage; technical assistance materials on recruitment and retention strategies to assist hospitals to respond effectively; and a national public relations campaign to improve the image of nursing and enhance its attractiveness as a career choice. I want to offer to this committee the expertise and information developed by the AONE as you proceed in your deliberations on nursing issues.

Reauthorization of the Nurse Education Act

AONE believes the responsibility for RN recruitment and retention strategies extends beyond individual hospitals and the health care industry. The federal government can and must assume an active role as well. Federal funding support for nursing schools and students fell from $150 million in 1973 to $56 million in 1988. AONE believes that Congress must reassert its committment to funding nursing education. Without such support, enrollments could decline even further. Of course, making funds available to educate additional nurses will not solve the problem unless hospitals are able to pay nurses the competitive salaries needed to attract people into the profession. Adequate compensation, work environment improvements, and special programs for recruitment and retention will clearly not be possible if hospitals are inadequately paid for delivering care.

AONE believes that the 1988 reauthorization of the Nurse Education Act provides an excellent opportunity to address some of the factors influencing the nursing shortage. To address the problems, AONE recommends the following provisions for inclusion in reauthorization of the Nurse Education Act:

- Continued committment to funding advanced nursing education;

- Funding for undergraduate education through the provision of scholarships, stipends, and other forms of student support. Funding for undergraduate education is necessary in order to alleviate the current decline in enrollments into schools of nursing.

- Incorporation of demonstrations of innovative practice models, career ladders, and innovative salary and benefit structures in acute and long-term care settings for the purpose of improving retention such as those included in S. 1402 and H.R. 3340.

- Matching funds for private recruitment initiatives for the purpose of improving recruitment into the nursing profession particularly those of high school age and from disadvantaged and minority backgrounds.

- Funds under special projects to help trained personnel advance their skill such as funds for curriculum development to assist licensed practical nurses pursue education for becoming registered nurses and to assist those with associate degrees pursue baccalaureate education.

S.2331, The Nurse Education Reauthorization Act of 1988

Senator Kennedy, this panel's distinguished chairman, has introduced S.2231,

the Nurse Education Reauthorization Act of 1988. The bill authorizes an increase in funding from $56 million to $94 million in fiscal year 1989. In addition, the bill reauthorizes current programs for funding advanced nursing education, adds new programs for funding undergraduate nursing education and nursing shortage relief programs, and makes several important revisions to current law, particularly by providing assistance for currently trained personnel to advance their skills.

Overall, AONE supports S.2231. We applaud Senator Kennedy and his cosponsors for recognizing that a substantial increase in nurse education funding is needed to mitigate the effect of the decline in this support over the past decade.

We especially support the provision in Section 101 which places special emphasis on providing training and education to assist licensed practical nurses and other personnel obtain undergraduate nursing degrees. Targeted funds to support educational mobility opportunities for the 450,000 licensed practical nurses are needed as hospitals shift the skill mix of their nursing staffs in favor of registered nurses. In addition, eliminating the word "exceptional" from financial need in the student loan program would be beneficial to middle-class students unable to afford the cost of nursing education.

Although AONE supports S.2231, AONE would like to raise the following issues for consideration as this legislation moves forward:

o The funding for nurse education is still heavily biased towards advanced nursing education. In light of declining enrollments into undergraduate programs of nursing, AONE would prefer a stronger emphasis on funding entry-level nursing education.

- Section 104(a) limits grants and contracts for long-term care practice demonstrations to collegiate schools of nursing. AONE believes that contracts and grants should be provided to service settings (hospitals, long-term care facilities, and home health agencies) as well so that the link between education and practice can be forged.

- AONE is concerned that the "Innovative Hospital Nursing Practice Models" initiative contained in S. 1402 is not included in S.2231. Two-thirds of all practicing nurses work in hospitals. In addition, the demand for RNs in hospitals has doubled in the last ten years. In light of these facts and the documented shortage of nursing personnel in hospitals, AONE believes that these practice models are essential in any initiative reauthorizing Title VIII.

CONCLUSION

In conclusion, the AONE has identified nurse recruitment and retention as a fundamental organizational priority. To that end, AONE has committed significant organizational resources on a variety of recruitment and retention strategies.

AONE believes that the federal government must expand its support of nursing education. At present, funding for entry level nursing education as well as advanced nursing education is inadequate. In order to attract and maintain qualified individuals into undergraduate and graduate nursing education programs, it is essential that federal funding and financial aid be increased.

AONE supports the passage of S. 2231 and believes that the 1988 reauthorization of the Nurse Education Act will assist in addressing factors critical to alleviating the current shortage of nursing personnel. We look forward to working with your and your colleagues on passage of this important legislation. I would be happy to answer any questions that you may have.

Thank you.

Senator HARKIN. Thank you very much. Ms. Miller, just one point. You talked about the scholarships for the undergraduate program. You said the funding for nurse education is still heavily biased toward advanced nursing education. However, in S. 2231 there is an authorization of $10 million for undergraduate programs, up from zero last year. So while that may not be adequate, is it a step in the right direction?

Ms. MILLER. It certainly is a step in the right direction. I do believe that most hospitals provide tuition reimbursements for people from any advanced education programs, and we are concerned about the entry-level and providing additional funding or are biased toward even more money into that section.

Senator HARKIN. Dr. Hope—I may ask others of your group this question, if you have any different thoughts than Dr. Hope might have—you were all here for Dr. Sundwall's testimony, I just wonder if you have any thoughts on what he might have had to say at the time or in his written testimony? Dr. Hope, would you have any comments on Dr. Sundwall's testimony?

Dr. HOPE. Yes, I have three points that bothered me and those that I would like to make comment about. One was that when Dr. Sundwall indicated more than $1 billion since 1970 has been spent for nursing education, it sounds like a very large figure, yet when one looks at 1.9 million nurses in the United States, many of whom have not availed themselves of any of that money for training, it is really a small amount when you compare it to some of the other professional groups that the government has spent money so, so I would just like you to look at that figure and see how it relates to other professional groups.

Senator HARKIN. He said there had been $1 billion spent.

Dr. HOPE. $1 billion. I said $1 billion since—I said over $1 billion.

Senator HARKIN. And you are saying that during that period of time there were about 2 million——

Dr. HOPE. Well, today we have 1.9 million nurses, so I said that is a small amount, if indeed the Federal Government did help to support, it certainly has not supported all nurses.

Senator HARKIN. That would be about $500 per nurse.

Dr. HOPE. Which is a very small amount. In my 40 years of nursing and in my preparation for the doctor level, I had not had any financial assistance from the government.

The second point, I was concerned when Dr. Sundwall talks about the supply, that it was not mentioned, however—and I think it was mentioned—that we do know that that data does call attention to—includes licensed practical nurses. And although we see them as a very valuable resource, hospitals have demonstrated they really have a preference for registered nurses.

We heard the gentleman from Utah indicate that once they are a practical nurse, they frequently move up and need to move up to get into the mainstream of health care. Then lastly, I think it is inappropriate to have the block grant authority. What I believe is needed now more than ever is the program being administered as it has been in the past, and I think we even need a stronger division of nursing, and that division of nursing has to have the resources necessary to really monitor and assist the individuals who

do apply for grants, and that has not always been as supportive in these last few years by the Bureau. Those are my comments.

Senator HARKIN. Very good. Does anyone else have any thoughts on Dr. Sundwall's testimony, or any different views?

Ms. MILLER. I would agree with Dr. Hope, and I think AONE certainly supports separating title VII and title VIII. I think it would dilute the amount of money available for nursing education, and we see such a significant shortage, as I say, a crisis proportion in the United States of nurses that we are afraid that that would definitely dilute it. I think the administration is proposing to put even less money in the combined legislation, the combined acts.

Senator HARKIN. Dr. Towers?

Dr. TOWERS. I was just going to concur. One of the things that strikes me is in the middle seventies the amount that was spent on nursing education was double the amount that we are proposing right now. At that time we were not talking about shortages, so I find it a little inconceivable that we would think that $94 million is a lot of money.

Senator HARKIN. Tell me a little bit more about nurse practitioners. How are nurse practitioners like yourself educationally prepared? How do you function in clinical settings? Give me some idea what a nurse practitioner is.

Dr. TOWERS. Nurse practitioners are prepared beyond the basic preparation for nurses and they are specialists.

Senator HARKIN. Beyond an RN?

Dr. TOWERS. Yes. The majority of the programs now are masters prepared, prepare people at the masters level, so that nurse practitioners basically are in that framework, although there are still some nurse practitioners who have advance certificates.

When the movement first began, many of the programs were certificate programs and then they have transitioned into masters programs over the years, so a majority now are in that direction.

Probably the best way to describe what a nurse practitioner does is to tell you what I do in the migrant clinic. We will start our clinics in the evening, maybe at 5:00 or 6:00 o'clock, depending on when the daylight hours are stopping, and the kind of people that will come to me will come for basically primary health care services.

I may have a young migrant mother who comes in for—she is pregnant and she will need to be evaluated and examined, and I give advice in relation to her prenatal care. I would do a history and a physical examination on her and give her her prenatal vitamins, order the appropriate tests that need to be done in order for us to establish a baseline in relation to her health and what she will need when she goes into labor and delivery. Then I will talk to her about her prenatal care, the food she eats, the kinds of things she needs to do to take care of herself over the next several months, depending on when she is coming in in terms of her own pregnancy.

I might see a mother come in with a child that has an earache and I will have to decide what kind of an earache this is, whether it is an acute otitis media or a ceros otitis media, whether it is an external otitis media, and what then needs to be done to treat that child and will recommend that treatment, and sometimes provide

education to the mother in terms of ways to prevent those kinds of problems in her child in the future.

I might see another child that comes in for a school physical. I might see a young man who will come in because he has injured himself falling out of a tree, getting a corneal abrasion perhaps because of a tree branch hitting him while he is picking, or maybe with a dermatitis which can be as simple as contact dermatitis associated with poison ivy and maybe as complex and worrisome as one that relates to the chemicals that they may be exposed to.

I may see a migrant worker many ages who has high blood pressure, hypertension, and I will manage that hypertension, talk with them about their diet and their life patterns in relation to that. I may see a young man who comes in or sometimes an older man who comes in who has been picking for many years with chronic lung disease or bronchitis, and I will manage that and often spend time talking about smoking and trying to get rid of cigarettes and those sorts of things.

When I worked in the family practice setting, I saw many older people, Medicare recipients, and worked with them in relation to managing their hypertension or diabetes and those kinds of things.

Senator HARKIN. That gives me a better idea. I was a little hazy on that myself, exactly what the educational procedures were beyond an RN. It might be something, the educational courses beyond an RN might be something in the health field, it might be something perhaps health-related perhaps?

Dr. TOWERS. No, the preparation would be specifically in a nurse practitioner program, so that the——

Senator HARKIN. Well, it is a specific type of program?

Dr. TOWERS. Yes. So a nurse practitioner would be prepared, a masters level nurse practitioner, for instance, will enter——

Senator HARKIN. She would become an RN and then you enter nurse practitioner?

Dr. TOWERS. That is right.

Senator HARKIN. How long are the programs?

Dr. TOWERS. The programs range from about 18 months to 2 years. Now, there have been shorter ones in the past and most of those have been in excess of 9 months, so they always have been one academic year, at least.

Senator HARKIN. Is it a masters?

Dr. TOWERS. A masters is a little longer than that. A masters would be 18 months to 2 years.

Senator HARKIN. Thank you.

Well, I have to go, it is very late and I know you all would like to leave, too. I guess the only other thing I have is just that I do not know how soon we are going to get movement in this area, but obviously I happen to be a proponent of national health insurance. We have got 37 million people out there uninsured.

There is a bill now before this Committee on mandated health benefits. I suppose that is all right. I am not a complete proponent of that, because I believe that when you are insuring people, the bigger the pool the smaller the rates for everyone, and with a national health insurance program we have more, I think, of an inclination to get into more preventive health care. So I really believe we are moving towards preventive health care one way or the

other, whether it is mandated health care benefits or national health insurance, there will be heavy emphasis on preventive care.

I would just ask if you see this as one of those radically changed roles for nurses or something, traditional role of nurses, to ask to really get involved with the preventive health care needs of people in this country? Anybody?

Dr. HOPE. There was just one point that I would like to make in answer to preventive, that of course is an aspect. Whether we go to national health insurance or whether we go to mandated benefits, I think one of the ways in which Congress can help is in the reimbursement for the nursing services. We have not had reimbursement under Medicare for nursing care for professional nurse providers. I think that would do much to the prestige, it would do much to the competition, and that certainly is something that you all could do.

Senator HARKIN. I agree.

Dr. TOWERS. Amen.

Dr. OTT. Amen from us as well.

Dr. TOWERS. From the standpoint of preventive care, I think nurses are particularly suited, particularly those who are doing community health and nurse practitioners, nurse midwives also, who really spend a great deal of their time working in the preventive mode. Whenever you provide primary care, you are seeing people when they have the condition at a point where often you are able to prevent it from becoming a more serious problem, where it requires hospitalization, much more expensive kind of care, so that we are very tuned into that and we see that as something we would like to be recognized for and to do more about. It is a very big thing to us.

Dr. HOPE. Cost-effective, too.

Dr. TOWERS. Yes, very cost-effective.

Senator HARKIN. Well, I am hopeful that we will get to this reimbursement issue very shortly. I agree with you that it just does not make any sense now that there is not reimbursement and there should be. I doubt if it would reduce the costs of health care dramatically, but at the same time raising the level of the nursing profession and the compensation involved.

Dr. HOPE. And the quality of care.

Senator HARKIN. And the quality of care.

[Additional material supplied for the record follows:]

April 27, 1988

Senator Edward Kennedy
Seanate Labor and Human Resources Committee
Washington, D.C. 20510

Dear Senator Kennedy:

I would like to add my support to your efforts to help the nursing shortage with Title VIII/Nurse Education Act. Funding is needed to recruit students into nursing careers and to retain nurses in the profession.

First, I will address the nature and extent of the nursing shortage and the specialty area of pediatric oncology nursing. Over the past 25 years developments in Pediatric Oncology have improved the prognosis and long term survival of children and adolescents with cancer. Collaborative study groups implementing series of clinical trials are continuing this dramatic progress. Bone marrow transplantaion for several pediatric malignancies has been increasingly successful at improving long term survival at improving long term survival and offering the hope of cure that would not have been possible without transplanation. Many promising treatment possibilities are in the research and development phase, for example, monoclonal antibodies, new chemotherapeutic agents and bone marrow purging techniques.

Therapy for childhood cancer is much more aggressive than even five years ago. High tech developments now enable us to deliver chemotherapy in higher doses, over days instead of minutes at home as well as in the hospital. Nutritional support (TPN) is now almost standard therapy in several types of childhoos cancer. Nutrition and other therapies can be delivered at home with the availability of companies and home nursing agencies specializing in the delivery of high tech therapies.

Children with cancer are living longer and getting sicker during therapy. Pediatric oncology nurses must be highly trained specialists in order to provide optimal care to these children. The demands on this nurse are immense: caring for very acutely ill children, supporting the family through periods of intense anxiety and fear, providing education to prepare child and family for home, coordinating the myriad of inpatient services and eventual home care agencies, and coping daily with the reality of relapse and death of children and teenagers. The pediatric oncology nurse must also keep up-to-date with developments and new therapies. Pediatric oncology nurses are needed in hospitals, clinics and in the home.

At the University of Chicago we have approval and funding to open a 15 bed pediatric hematology/oncology/Bone Marrow Transplant Unit. After one year, with new graduates, we were able to open only six beds. These nurses needed a six month in-depth orientation program. They cannot be replaced easily when they are sick, need vacation time or leave. We have been unable to open additional, much needed beds due to the lack of nurses. Other Chicago area pediatric oncology units have plans to expand and develop Bone Marrow Transplant units to meet the growing demands of this large metropolitan area. Without nurses, these units will not open.

In order to implement the advances in medical science for the treatment and often the cure of children with cancer, we must have trained professional nurses to implement these advances. Funding at the undergraduate as well as the graduate level is urgently needed. The future of the nation's children with cancer is at stake.

Sincerely yours,

Mary Kay Foley

Mary Kay Foley, R.N.,M.S.
Clinical Nurse Specialist
Pediatric Oncology
Wylaer Children's Hospital
Chicago, Illinois

April 27, 1988

Senator Edward Kennedy
Senate Labor and Human Resurces Committee
Washington, D.C. 20510

Dear Senator Kennedy:

The Association of Pediatric Oncology Nurses would like to add its support to your efforts to help the nursing shortage with Title VIII/ Nurse Education Act.

The Association of Pediatric Oncology Nurses (APON) is an organization of over 720 members who work with or specialize in the care of children with cancer. While we are not a large percentage of nurses and thus, not a large organization among the more than 30 specialty nursing organizations, APON does represent in microcosm the severest effects of the nursing shortage.

Pediatric oncology nurses are a specialty twice over. We specialize in pediatrics and then in oncology. It is recognized that the nursing shortage has affected specialty areas first and hardest, i.e. ICUs, Pediatrics. These are areas which are most heavily dependent on professional nurses, because of the high technology and professional expertise needed to take care of the patients. The specialty of pediatric oncology nursing came into being 10-15 years ago in recognition of the highly specialized needs of these patients, related at the time primarily to extremely toxic therapies and the tremendous amount of supportive are needed for patients and their families. At that time many pediatric patients died from their cancer.

The treatment of children with cancer has been highly successful over these past 10-15 years. No small part of this success has been due to the skill and dedication of these specialized professional nurses. With success has come ever more sophisticated treatment protocols, such as bone marrow transplantations, and monoclonal antibody therapy which require more skilled professional nurses than ever before. With success we now have a large number of survivors of pediatric cancers who also require skilled nursing care.

It is ironic and painful that at a time when we need more highly skilled nurses than ever before, we are experiencing our severest shortage. While the work is difficult, the challenge and rewards of working with these patients and their families are many.

As an association of over 720 members we represent nurses in all areas of practice, from staff nurses working in inpatient acute care hospitals, staff nurses in ambulatory are, pediatric nurse practioners, to clinical specialist. The nurses who have the most difficult time staying in the profession are those with the least autonomy in their practice; staff nurses on inpatient units. This is also where the majority of nurses are employed, today. Once nurses enter management, become clinical specialists,

work in ambulatory care units or are pediatric nurse practioners their level of satisfaction in the profession and their retention increases.

Providing more autonomy in practice in the hospital setting would change the environment in which the majority of nurses work, and subsequently, the image of the profession with the public. Nursing would be more competitive with other professions and could attract more young people to nursing as a career.

Practice models such as the Professional Practice Model developed at Johns Hopkins Hospital, shared governance and collaborative practice are some creative approaches to the changes needed in hsopital nursing. The money in your bill for demonstration projects would help develop and disseminate these programs.

Sincerely yours,

Georgina Bru

Georgina Bru, R.N.,M.A.,CNA
President
Association of Pediatric Oncology Nurses

GEORGETOWN UNIVERSITY HOSPITAL

April 27, 1988

Senator Edward Kennedy
Senate Labor and Human Resources Cpmmittee
Washington, D.C. 20510

Dear Senator Kennedy:

I would like to thank you for your sponsorship of Title VIII/Nurse Education Act.

I have been a pediatric nurse for 28 years. For the past 12 years,I have been a pediatric Nursing Coordinator at Georgetown University Hospital in Washington, D.C. As a nurse manager, I must staff a unit 7 days a week, 24 hours a day, as well as provide safe and expert nursing care.

I work with dedicated, well trained professional nurses. Pediatrics has always been an area that has attracted nurses. Children, even when sick, are fun to take care of. They like to play, learn quickly and can usually adjust to even painful procedures if nurses have the time to prepare and work with them. But in the past several years, cost constraints, the long hours, lack of prestige, and the shortage of new nurses has made it difficult to recruit and retain professional nurses.

This winter, one of the nurses I work with took the time to go down to the parking lot and fill a bucket with snow for a 3 year old patient who has a brain tumor and was sick from chemotherapy. The snow was used to surprise the staff with a snowball as they worked in his room. For the first time in his hospital stay, this little boy laughed with glee.

Another nurse working with a 7 year old boy, who was newly diagnosed with diabetes, helped this boy overcome his fear of shots by having him give her an injection. This took a great deal of time but this patient went home proud of a new skill that he will need for the rest of his life in order to take his life saving insulin.

With increased technology, sicker patients and shorter hospital stays, professional nurses are needed more than ever before to give care, teach patients and families and coordinate the care of the multidisciplinary health team. In order to attract nurses to the career of nursing and develop innovative programs to retain nurses, funding is urgently needed at the undergraduate and graduate level. The future of our present high level of health care is at stake.

Sincerely yours,

Joan K. Hunt

Joan K. Hunt,R.N.,M.A.
Pediatric Nursing Coordinator
Georgetown University Hospital
Washington, D.C. 20007

STATEMENT OF THE

ASSEMBLY OF HOSPITAL SCHOOLS OF NURSING

OF THE

AMERICAN HOSPITAL ASSOCIATION

BEFORE THE COMMITTEE ON

LABOR AND HUMAN RESOURCES

OF THE

UNITED STATES SENATE

SUBMITTED FOR THE RECORD

APRIL 14, 1988

The American Hospital Association, which represents more than 5,100 institutions and over 45,000 personal members, including the 186 members of the Assembly of Hospital Schools of Nursing, is pleased to have this opportunity to present its views on the reauthorization of Title VIII of the Public Health Service Act. Hospitals and hospital-based schools are committed to the support of all levels of nursing education, especially in view of the current nurse shortage.

Hospitals are employing more nurses than they ever have--25 percent more than they did before implementation of the Medicare prospective pricing system. However, additional highly skilled nurses are still required. The reason is that hospitals, and the nurses working in them, are caring for more seriously ill patients and providing a wider range of services than they were five years ago. The current shortage is likely to worsen, because fewer people are going into nursing than previously. And with less federal support for nursing students and schools, not only will the quality of today's bedside care deteriorate but fewer nurses will be able to acquire the advanced education they need to fulfill the complex demands of today's hospital environment.

This testimony will examine why the current nurse shortage has made reauthorization of Title VIII of the Public Health Service Act such an important issue, and will present the recommendations of the Assembly of Hospital Schools of Nursing (AHSN) pertaining to this legislation, the Nurse Education Reauthorization Act (S.2231).

Because nurse shortages have occurred periodically in the past, some believe they are nothing more than temporary disturbances in the nursing labor market. But the shortage facing hospitals today is different, and more difficult to comprehend. More nurses are working than ever before. The supply of registered nurses reached an all-time peak in 1985, and few of these nurses are leaving the profession. Almost 80 percent of registered nurses are actively employed either full- or part-time as nurses, a very high rate of labor force participation for women. Of those not employed as nurses, only about 6 percent have abandoned the profession, and few of the rest are actively looking for work. Nurses are not leaving hospitals for other settings in great numbers. The proportion of all working nurses who are employed by hospitals--a little over two-thirds--has been relatively constant for the past 30 years. The demand for nursing services in health care settings, however, continues to increase due to technological advances and the increased intensity of patient care requirements for nursing care due to shortened length of hospital stay. Time compression, work expansion, and technology continue to fuel an increased demand for skilled nursing personnel in the hospital sector.

Data from AHA's most recent Nursing Personnel Demand Survey, conducted during December 1987, reveal that the perception among hospitals of a shortage of registered nurses remains firm. Average hospital vacancy rates for registered nurses rose slightly between 1986 and 1987 to 11.3 percent nationally. One-fourth of all hospitals report vacancy rates in excess of 15 percent. The results of this study indicate that an average of 10.9 percent of a hospital's full-time registered nurse positions were vacant. The average vacancy for

part-time registered nurse positions was 13.1 percent. Although there was a slight decline in the percentage of hospitals reporting a severe shortage of nurses, there were fewer institutions reporting "no shortage" and an increase in the proportion of hospitals indicating at least some shortage. Hospitals are especially seeking registered nurses for positions in medical/surgical and intensive care units. On average, more than two months are needed to fill these positions.

Some common assumptions about causes of the shortage are not borne out by current research. Although it is popularly believed that many nurses are being siphoned off to other settings, or are leaving nursing for other professional career options, this does not seem to be the case. The shortage is not merely a product of poor geographic distribution of nurses either, because the unmet demand for nurses cuts across all geographic areas. In fact, while the supply of nurses relative to population tends to be higher in urban areas, more hospitals in urban areas report severe shortages. Neither is the shortage explained by rates of turnover in hospitals. If turnover were the only determining feature of the shortage, hospitals would not report such difficulty filling positions.

AHA believes there are two major factors that must be considered in this discussion. First, hospitals are employing more nurses to meet the increasing intensity and complexity of patient care requirements than they were in the past. When Congress created incentives for greater efficiency in delivery of patient services, hospitals responded with cuts in their labor force, the single largest component of variable hospital costs. These cuts were made in

areas where they were least likely to affect patient care. Hospitals employ about 100,000 fewer people than they did in 1983, but almost 40,000 more nurses. Nurse-to-patient ratios have risen from 50 per 100 patients in 1970 to 91 nurses per 100 in 1986.

The higher proportion of registered nurses on hospital staffs is largely attributable to hospitals treating more seriously ill patients than they did five years ago. With the decline in admissions since 1983, and a concomitant increase in outpatient services (many short-stay), low-intensity admissions have declined, and patients in the hospital are likely to be more seriously ill and require more intensive services. Hospitals are under pressure to assure that patients receive all the care they need during their hospitalization, but they have less time to prepare the patient for discharge and to search for appropriate post-hospital placement. Thus, more skilled personnel are needed to provide comprehensive patient care that includes administration of complex treatments, patient education, discharge preparation, and continuity of care after discharge. All of these activities require the technical knowledge and sound clinical judgment of skilled nursing personnel.

A further demand for nurses has emerged in response to changing national demographics. The elderly have increased significantly both in numbers and in proportion to the total U.S. population. In fact, individuals 75 years and older are the fastest growing segment of this nation's population. The increasing aging population has a set of unique health care needs, both in hospitals and in outpatient settings. The expertise of nurses will be pivotal

to America's effectiveness in addressing the health care needs of this group of American citizens.

A second factor is the precipitous decline in nursing school admissions. Fewer people have been entering the profession since 1983. Enrollment declines have been sharp enough to prompt several major educational centers to close their nursing schools. The American Council on Education noted a 50 percent drop since the mid 1970's in first-year freshman women who plan careers in nursing, with the sharpest drop since 1983.

Data collected from numerous organizations indicate that enrollment levels in basic nurse education programs have dramatically declined in the past few years. In 1983, enrollment reached an all-time peak of 250,553 students. This figure plummeted to 180,000 nursing students in the year ending December 31, 1987, according to the National League for Nursing. The Department of Health and Human Services predicts that the number of new nurses graduating annually will fall from 82,700 in 1985 to 68,500 or lower in 1995. Current data from the American Association of Colleges of Nursing (AACN) indicate that the only expanding segment of students in nurse education programs is the part-time RN to BSN student. Projections for the near future indicate a continuing decline in the number of high school graduates through the mid-1990's, which will result in a continued decline in nursing school admissions. Decreased student enrollments in nurse education programs means that the nurse shortage that we are currently experiencing will get even worse because those schools that traditionally provide sufficient numbers of graduate nurses for the health care industry will soon be unable to supply needed numbers of new graduates for employment.

The recent decline in admissions to nurse education programs is due only in part to the demographic decline of the college-aged population. Other factors include: the poor image of nursing as a career choice compared to law, medicine, and business; a shift in traditional female work values; the public misconception of the role and responsibilities of the nurse in today's health care environment; and inadequate recognition of nursing's contribution to patient health outcomes.

With declines in federal support for nursing schools and nursing students, enrollments will continue to slide. In addition, as included in the Omnibus Budget Reconciliation Act of 1987, the enhanced requirements for RN staffing in nursing homes could create a new demand from non-hospital settings and an additional drain on the supply of nurses available to hospitals.

THE NURSE EDUCATION REAUTHORIZATION ACT

Hospital efforts to make the nursing profession appear more attractive may help to alleviate the nurse shortage, but they cannot do it alone. The federal government can and must assume an active role as well.

In the long term, Congress must reassert its commitment to support for nurse education. Federal funding support for nursing schools and students fell from $160 million in 1973 to $56 million in 1988. Additional federal funding could help to attract qualified individuals in undergraduate nursing programs

through provision of scholarships, stipends, and other forms of student support or could be targeted to support educational mobility opportunities to enable licensed practical nurses to acquire the nursing education needed for registered nurse licensure. There should be adequate funding and financial aid for entry-level and advanced nurse training programs to enhance the skill level of the nursing pool. The 1987 Nursing Personnel Survey indicated that a more educated staff was desired by almost every survey respondent. AHA surveys indicate that a majority of hospitals have vacancies for nurse managers, as 60 percent of all hospitals were recruiting for such positions and 24.4 percent found it very difficult to place RNs in nurse manager slots. The need also continues to grow for nurse specialists who can contribute to an increasingly technology-intensive delivery system.

The Nurse Education Reauthorization Act needs to address recruitment and retention initiatives. We recommend incorporation of demonstrations of innovative practice models, career ladders, and innovative salary and benefit structures in acute and long-term care settings to improve retention. Such features are included in S.1402.

Another suggestion is matching funds for private recruitment initiatives to improve recruitment into the nursing profession, particularly those of high school age and from disadvantaged and minority backgrounds. Through a match, these funds could be leveraged to reach a greater number of prospective students.

Finally, due to the changing nature of practice, funds should be authorized to support innovative curriculum design to educate nurses in all aspects of human and financial management. It is becoming apparent that nurses will need management training as well as clinical training in order to operate effectively in a case management environment.

Of course, making funds available to educate additional nurses will not solve the problem unless hospitals are able to pay nurses the competitive salaries needed to attract people into the profession. Adequate compensation, improvements in the work environment, and special programs for retention and recruitment of nurses will not be possible if hospitals are not adequately paid for care being delivered. Congress can do a great deal in this regard in view of its role in financing health care services by providing for adequate payment to hospitals under the Medicare program.

The introduction of S.2231, the Nurse Education Reauthorization Act of 1988, begins to address several of the problems associated with the nurse shortage. The bill provides for an increase in authorization to $94 million in fiscal year 1989. In addition, the bill reauthorizes current programs for funding advanced nurse education, adds new programs for funding undergraduate nursing education and nursing shortage relief programs, and makes several important revisions to current law, particularly by providing assistance for currently trained personnel to advance their skills.

Overall, AHSN supports S.2231. We applaud Senator Kennedy and his cosponsors for recognizing that a substantial increase in nurse education funding is needed to mitigate the effect of the decline in this support over the past decade.

We especially support Section 101 of the bill, which places special emphasis on providing training and education to assist licensed practical nurses and other personnel in obtaining undergraduate nursing degrees. Targeted funds to support educational mobility opportunities for the 450,000 licensed practical nurses are needed as hospitals shift the skill mix of their nursing staffs. In addition, the elimination of the word "exceptional" from financial need in the student loan program would be beneficial to middle-class students unable to afford the cost of nursing education.

Although AHSN supports S.2231, AHSN would like to raise the following issues for consideration as this legislation moves forward:

- o AHSN would prefer a stronger emphasis on funding entry-level nurse education, in light of declining enrollments in undergraduate nurse education.
- o Section 104(a) limits grants and contracts for long-term care practice demonstrations to collegiate schools of nursing, and AHSN would recommend that the grants or contracts be available to all nursing programs, including diploma schools of nursing, versus only public and nonprofit private collegiate schools of nursing as it is now worded. Many hospital-based nursing programs currently provide nursing education in gerontological and chronic care.

- AHSN is concerned that the "Innovative Hospital Nursing Practice Models" initiative in S.1402 is not included in S.2231. Two-thirds of all practicing nurses work in hospitals. In addition, the demand for RNs in hospitals has doubled in the last 10 years. In light of these facts and the documented shortage of nursing personnel in hospitals, AHSN believes that these practice models and the funds to disseminate information about and evaluate these models are essential in any initiative reauthorizing Title VIII.

- AHSN is pleased to see the inclusion of Section 104(b), "nursing recruitment centers," in the draft bill. One question, however, is what is meant by the term "professional nurses." The Assembly hopes that the term "professional nurses" is defined to include nurses who are graduates of diploma schools of nursing.

- In addition, the Assembly of the Hospital Schools of Nursing is supportive of Section 832, "traineeships for undergraduate education of professional nurses." Section 832 includes public or nonprofit schools of nursing, public or nonprofit private hospitals, and other public or nonprofit private entities. AHSN believes that funding of nurse education at the entry level is an essential part of addressing the nurse shortage problem.

CONCLUSION

AHSN believes that the federal government must expand its support of nurse education. At present, funding for entry-level nursing education as well as advanced nursing education is inadequate. To attract and maintain qualified individuals into undergraduate and graduate nurse education programs, it is essential that federal funding and financial aid be increased.

AHSN supports passage of S.2231 and believes that this legislation will assist in addressing factors critical to alleviating the current shortage of nursing personnel. We look forward to working with you and your colleagues on passage of this important legislation.

Senator HARKIN. You have all been wonderful witnesses and thank you for your testimony on S. 2231. We will move ahead expeditiously with the bill. I think it has got good bipartisan support, as Senator Hatch said, and I hope we will be able to—I am not just hopeful, I am convinced, that we will be able to get quite a ways beyond what the administration has requested for next year. God help us all if we had to live with $40 million.

Thank you all very much. The Committee stands adjourned.

[Whereupon, at 12:20 p.m., the Committee was adjourned.]